SECTION 904 (2)(c) Part 3 TOTAL CMHSP COSTS BY SERVICE CATEGORY AND CMHSP FY 2019

Children with Serious Emotional Disturbance (SED)

Overview

The data that are presented in this section were provided by CMHSPs as required by the FY 2019 MDHHS/CMHSP contract. Cost data were collected for the reporting period October 1, 2018 to September 30, 2019 and submitted to MDHHS by March 1, 2020. The data in this section represent the total costs associated with providing mental health services to children with a serious emotional disturbance (child MI) by service category for each of the 46 CMHSPs within the State of Michigan.

Definitions for terms found in this section are presented in Section 904 (4).

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Part | Allegan | | | | Unit | | | | | | |
|--|--|---------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Paced Popularie Ringerial/MDD Popularies contended 014-003, 013-014-015-015-015-015-015-015-015-015-015-015 | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 13 | 167 | \$187,659 | \$14,435 | \$1,124 | 13 |
| | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 6 | 54 | \$28,644 | \$4,774 | \$530 | 9 |
| | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Perform Perf | | 0100 | | PT73 | Days | 3 | 19 | \$19,610 | \$6,537 | \$1,032 | 6 |
| Conside Control Cont | | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| PT68 | | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 3 | 18 | \$17,986 | \$5,995 | \$999 | 6 |
| Decal Psychiatric Hospital Acuellary Services - Room and Bloand 0144 # of nerms 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Polarized Supplies 0250454 (0257-0258 # of seas 0 0 0 50 50 50 0 Inpatient Hospital Ancillary Services - Planmacy 0250454 (0257-0258 # of seas 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Planmacy 0250054 (0257-0258 # of seas 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Moderal Surprised Supplies 0270-0272 | | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inspatient Hospital Anceillary Services - Room and Board 0.144 | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$540 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Leave of Absence 0.183 | Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inputient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258 # of tests 0 0 S0 S0 S0 S0 0 Impatient Hospital Ancillary Services - Medical Singuigical Supplies and Devices 0 0 S0 S0 S0 S0 S0 S0 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical Surgical Supplies 0270-0272 | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Laboratory 0300-0302, 0305-0307 # of treatments 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Radiology | | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| FCT Anesthesia 0370 | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424 | ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology Path | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology 0470-0472 0 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance 0610-0611 | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy 0636 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room O710 | | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Days 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Days 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 901, 0914-0919 | Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 # of visits 2 10 \$5,348 \$2,674 \$535 5 Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 0 | Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 | | | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | # of visits | 2 | 10 | \$5,348 | \$2,674 | \$535 | 5 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 Minutes 0 0 \$0 \$0 \$0 \$0 0 | Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Millerinal Code-PET Asserbation 0.0194 | Allegan | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Mathematic Order-Ref Latenties 0.014 | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Materian Carles ECT Accesshed 901 91164 15 Manuers 0 0 0 50 50 50 50 50 | Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Designed trentification Assessment Worker code retired 1987 1988 1989 19 | Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1821118 182118 182118 1821118 1821118 1821118 1821118 1821118 1821118 1821118 1821118 1821118 1821118 1821118 1821118 1821118 1821118 1821118 1821118 1821118 | Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marked Relations Disposely Assessment (exporting units of [ref 15] 962T 105 Each Addissonal 30 0 0 0 0 0 0 0 0 0 | | | 0359T | U5 | | 2 | 2 | \$1,137 | \$569 | \$569 | 1 |
| Manual California Ca | | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| AbA Adaptive Transment None code reirid [271176] 0.674 | | | 0362T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MA Adaptive Treatment (Note: code retired 23/18) 08671 05 1264 Additiven 1/19 08671 05 1264 Additiven 1/19 08671 05 1264 Additiven 1/19 08671 | | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Composition Redunsion Treatment (Note: onde retired 1921/181) ABA Composition and Reposition Framework (Note: onde retired 1921/181) ABA Composition and Reposition and Adaptive Behavior Treatment (Note: onde retired 1921/181) ABA Claim (Description and Reposite Behavior Treatment (Adaptive Behavior Treatment) (Note: onde retired 1921/181) ABA Claim (Description and Reposition and Adaptive Behavior Treatment (Adaptive Behavior Treatment) (Note: onde retired 1921/181) ABA Claim (Description and Reposite Behavior Treatment (Adaptive Behavior Treatment (Ad | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | | 2 | 85 | \$2,517 | \$1,259 | \$30 | 43 |
| Add Criment Deliver in Teatment (Note: code retired 10 of 1 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 2 | 483 | \$14,303 | \$7,151 | \$30 | 242 |
| 1231188 | | | 0366T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| National Notice code retined 123/18/19 18 18 18 19 19 19 19 | | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mak Family Behavior Treatment Guidance (Note: code retired 9370 | | | 0368T | U5 | Encounter | 2 | 18 | \$1,279 | \$640 | \$71 | 9 |
| ABA Family Behavior Treatment Guidance(Note: code retired 0.3717 0.5 Per 15 Minutes 0 0 0 0 0 0 0 0 0 | | | 0369T | U5 | Encounter | 2 | 49 | \$3,482 | \$1,741 | \$71 | 25 |
| 123118 135 | | | 0370T | U5 | First 60 Minutes | 1 | 1 | \$142 | \$142 | \$142 | 1 |
| Manual Registrate Again | | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Composition | | | 0372T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per 15 minutes effective 1/1/19 ABA Exposure Adaptive Behavior Treatment(Note: code retiried 1/2/1/18 Pincounter Displayer Dis | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Property | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 \$0 <td></td> <td></td> <td>0374T</td> <td>U5</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 \$0 <td>Drug Screen</td> <td></td> <td>80305</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code 90785 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 0 Assessment 90791 Encounter 3 3 \$1,697 \$566 \$566 1 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 Encounter 3 3 \$1,697 \$566 \$566 \$1 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$747 \$1 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0< | Assessment | | 90791 | | Encounter | 3 | 3 | \$1,697 | \$566 | \$566 | 1 |
| Assessment 90792 30 Minutes 35 37 \$27,647 \$790 \$747 1 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 <td>Substance Use: Assessment</td> <td></td> <td>90791</td> <td>HF</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90792 | | 30 Minutes | 35 | 37 | \$27,647 | \$790 | \$747 | 1 |
| Assessment for Autism 90792 U5 30 Minutes 0 0 \$0 \$0 \$0 0 | Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Allegan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 20 | 37 | \$4,170 | \$209 | \$113 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 24 | 48 | \$8,477 | \$353 | \$177 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 46 | 356 | \$78,169 | \$1,699 | \$220 | 8 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 6 | 8 | \$1,759 | \$293 | \$220 | 1 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 23 | 59 | \$11,585 | \$504 | \$196 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 37 | 152 | \$32,307 | \$873 | \$213 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 1 | 7 | \$965 | \$965 | \$138 | 7 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 1 | 1 | \$138 | \$138 | \$138 | 1 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Allegan | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 1 | 1 | \$163 | \$163 | \$163 | 1 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 3 | 5 | \$782 | \$261 | \$156 | 2 |
| Assessments - Testing | | 96131 | | First Hour | 1 | 2 | \$326 | \$326 | \$163 | 2 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 2 | 2 | \$592 | \$296 | \$296 | 1 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 2 | 7 | \$2,073 | \$1,036 | \$296 | 4 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 3 | 3 | \$489 | \$163 | \$163 | 1 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 3 | 3 | \$415 | \$138 | \$138 | 1 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 2 | 2 | \$163 | \$82 | \$82 | 1 |
| Assessment for Autism | | 96137 | U5 | Encounter | 2 | 8 | \$1,184 | \$592 | \$148 | 4 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Allegan | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 1 | 6 | \$1,371 | \$1,371 | \$228 | 6 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 1 | 4 | \$142 | \$142 | \$36 | 4 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 1 | 1,106 | \$16,376 | \$16,376 | \$15 | 1,106 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 1 | 121 | \$4,300 | \$4,300 | \$36 | 121 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 1 | 24 | \$1,462 | \$1,462 | \$61 | 24 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 2 | 2 | \$168 | \$84 | \$84 | 1 |
| Occupational Therapy | | 97166 | | 15 Minutes | 2 | 2 | \$247 | \$124 | \$124 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 1 | 1 | \$142 | \$142 | \$142 | 1 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 10 | 963 | \$22,823 | \$2,282 | \$24 | 96 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| <u>~</u> | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Allegan | Revenue Code | HCPCS Code | Madifian | Unit | Cases | Units | Cost | Cont/Con | Coat/Unit | Unit/Case |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | | Modifier | Measure | | | | Cost/Case | Cost/Unit | |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 1 | 1 | \$217 | \$217 | \$217 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 62 | 169 | \$41,350 | \$667 | \$245 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 3 | 3 | \$1,664 | \$555 | \$555 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 3 | 3 | \$371 | \$124 | \$124 | 1 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 3 | 20 | \$1,351 | \$450 | \$68 | 7 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 4 | 4 | \$371 | \$93 | \$93 | 1 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 1 | 1 | \$22 | \$22 | \$22 | 1 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Allegan | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Allegan | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 1 | 1 | \$294 | \$294 | \$294 | 1 |
| Assessment | | H0002 | | Encounter | 4 | 4 | \$672 | \$168 | \$168 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 19 | 104 | \$70,871 | \$3,730 | \$681 | 5 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 105 | 112 | \$35,004 | \$333 | \$313 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 4 | 5 | \$2,689 | \$672 | \$538 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 39 | 65 | \$19,948 | \$511 | \$307 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 25 | 34 | \$10,750 | \$430 | \$316 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 76 | 6,143 | \$622,129 | \$8,186 | \$101 | 81 |
| Home Based Services | | H0036 | ST | 15 Minutes | 3 | 44 | \$4,456 | \$1,485 | \$101 | 15 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | - | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | - | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | - | NA | <u> </u> | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Allegan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|---------------------------------------|-----------|---------------------------------------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 22 | 130 | \$9,028 | \$410 | \$69 | 6 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 2 | 373 | \$1,948 | \$974 | \$5 | 187 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 25 | 1,172 | \$172,251 | \$6,890 | \$147 | 47 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Allegan | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 9 | 121 | \$19,230 | \$2,137 | \$159 | 13 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 10 | 92 | \$16,488 | \$1,649 | \$179 | 9 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 1 | 1 | \$161 | \$161 | \$161 | 1 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 9 | 3,052 | \$23,072 | \$2,564 | \$8 | 339 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 8 | 81 | \$9,804 | \$1,225 | \$121 | 10 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 12 | 136 | \$20,951 | \$1,746 | \$154 | 11 |
| Targeted Case Management | | T1017 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 61 | 76 | \$15,488 | \$254 | \$204 | 1 |
| Assessments | | T1023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Allegan | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 4 | 22 | \$1,482 | \$371 | \$67 | 6 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 30 | 246 | \$31,380 | \$1,046 | \$128 | 8 |
| Respite Care | | T2037 | | Per Item | 1 | 5 | \$346 | \$346 | \$69 | 5 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | <u> </u> | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | <u> </u> | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 254 | | \$1,636,564 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| AuSable Valley Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|-------------------------------------|--------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-------------|
| | | 1101 05 0040 | | | | | | | | |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 16 | 203 | \$180,509 | \$11,282 | \$889 | 13 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Part | AuSable Valley | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Matteread Cache-Ref Asserbasia 1971 19 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mathematic Machine Assertions (1981) 1909 190 | Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Deliver from from from from from from from fro | Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| March Relational Follows pake assessment reporting units of per 15 | Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marie Marie Michael | | | 0359T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Manuse M | | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| AAA Adaptive Treatment (Nete: code retired 1271/18) | ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Adaptive Treatment Noise code retained 1231/18) | ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Classy Delayine Belavior Treatment (Note: code seried 2016 201 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Manual National Content Manual National Nati | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1231118 | ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| No. No. | | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| National Pathwith National Pathwith National Pathwith National Pathwith Pathwith Treatment Guidance (Note: code ceticed 1231/18) U5 Firs 60 Minutes Per 15 Minutes Per | ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 1031 | ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1231 18 | ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of large of lettice 1/19 - see new line below) 10 | ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective I/I/I 19 10 10 10 10 10 10 10 | ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per 15 minutes effective 1/1/19 ABA Exposure Adaptive Behavior Treatment(Note: code retired 1/2/11/8) U5 Encounter 0 0 0 50 50 50 Drug Screen 80305 Encounter 0 0 0 50 50 50 Drug Screen 80306 Encounter 0 0 0 50 50 50 Drug Screen 80307 Encounter 0 0 0 50 50 50 Drug Screen 80307 Encounter 0 0 0 50 50 50 Drug Screen 80307 Encounter 0 0 0 50 50 50 Drug Screen 80307 Encounter 0 0 50 50 50 Drug Screen 90785 U5 Encounter 0 0 50 50 50 Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 122 123 81,250 8666 861 Substance Abuse - Interactive Complexity - Add On Code 90791 HF Encounter 0 0 0 50 50 50 Assessment for Autism 90791 U5 Encounter 0 0 0 50 50 50 Assessment for Autism 90792 HF 30 Minutes 36 36 \$23,781 \$661 \$661 Substance Use: Assessment 90792 HF 30 Minutes 0 0 0 50 50 50 Substance Use: Assessment 90792 HF 30 Minutes 0 0 0 0 0 50 50 Substance Use: Assessment 90792 HF 30 Minutes 0 0 0 0 0 0 0 0 0 Substance Use: Assessment 90792 HF 30 Minutes 0 0 0 0 0 0 0 0 0 | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Present Pres | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 \$0 \$0 \$0 Drug Screen 80307 Encounter 0 0 \$0 \$0 \$0 \$0 Interactive Complexity - Add On Code 90785 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90785 HF Encounter 0 0 \$0 \$0 \$0 \$0 \$0 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 </td <td>ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18)</td> <td></td> <td>0374T</td> <td>U5</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 50 50 50 Interactive Complexity - Add On Code 90785 Encounter 0 0 50 50 50 Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 \$0 \$0 \$0 Assessment 90791 Encounter 122 123 \$81,250 \$666 \$661 Substance Use: Assessment for Autism 90791 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 <td>Drug Screen</td> <td></td> <td>80305</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Find | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 Assessment 90791 Encounter 122 123 \$81,250 \$666 \$661 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90792 30 Minutes 36 36 \$23,781 \$661 \$661 Substance Use: Assessment 90792 HF 30 Minutes 0 0 50 \$0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 Assessment 90791 Encounter 122 123 \$81,250 \$666 \$661 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 Assessment 90792 30 Minutes 36 36 \$23,781 \$661 \$661 Substance Use: Assessment 90792 HF 30 Minutes 0 0 50 \$0 \$0 | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 Encounter 122 123 \$81,250 \$666 \$661 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 </td <td>Assessment for Autism</td> <td></td> <td>90785</td> <td>U5</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 <td>Substance Abuse - Interactive Complexity - Add On Code</td> <td></td> <td>90785</td> <td>HF</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 50 \$0 \$0 Assessment 90792 30 Minutes 36 36 \$23,781 \$661 \$661 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 122 | 123 | \$81,250 | \$666 | \$661 | 1 |
| Assessment 90792 30 Minutes 36 36 \$23,781 \$661 \$661 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90792 | | 30 Minutes | 36 | 36 | \$23,781 | \$661 | \$661 | 1 |
| Assessment for Autism 90792 U5 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| AuSable Valley | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 140 | 214 | \$24,140 | \$172 | \$113 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 247 | 575 | \$105,825 | \$428 | \$184 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 282 | 986 | \$305,522 | \$1,083 | \$310 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 45 | 74 | \$14,716 | \$327 | \$199 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 224 | 547 | \$108,761 | \$486 | \$199 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | - | | | | - | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| AuSable Valley | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 1 | 1 | \$608 | \$608 | \$608 | 1 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 10 | 10 | \$6,176 | \$618 | \$618 | 1 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 20 | 20 | \$4,582 | \$229 | \$229 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 2 | 2 | \$310 | \$155 | \$155 | 1 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| AuSable Valley | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 4 | 55 | \$1,537 | \$384 | \$28 | 14 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 3 | 1,128 | \$12,849 | \$4,283 | \$11 | 376 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 3 | 175 | \$4,640 | \$1,547 | \$27 | 58 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 3 | 96 | \$2,561 | \$854 | \$27 | 32 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| AuSable Valley Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | |))202 | | Elicounter | · · | | ΨΟ | ΨΟ | ΨΟ | |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 5 | 13 | \$639 | \$128 | \$49 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 131 | 260 | \$56,452 | \$431 | \$217 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 242 | 803 | \$194,671 | \$804 | \$242 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 72 | 111 | \$27,467 | \$381 | \$247 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| AuSable Valley | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Service Capagy) Service Color Service Color Service Serv | AuSable Valley | | | | Unit | _ | | _ | | | |
|--|--|--------------|------------|----------|----------------------|-------|-------|-----------|-----------|-----------|-----------|
| Stationary Ministry Supplies Stationary Stationary Stationary Supplies Stationary St | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Family Transip Support EDP only CO177 Encounter 0 0 50 50 50 0 0 0 0 | Additional Codes-Transportation | | A0427 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance De Disorder: Recovery Support Services | Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Description | Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Selement De Doubre Individual Assessment 18007 15 Menters 0 0 50 50 50 50 0 0 0 | Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance University | Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sobstance Use Desorder: Loberatory 10008 | Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Un Dennetir Caupstainer Treatment | Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Subtance Un Disorder: Cupratient Treatment 6915, (right part) 18006 Days 0 0 0 0 0 0 0 0 0 | Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Description Substance Description Desc | Substance Use Disorder: Outpatient Treatment | | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Salbstance Une Disorder: Siab-Acete Detoxification 1002 H0010 Days 0 0 50 50 50 0 Substance Une Disorder: Siab-Acete Detoxification 1002 H0012 Days 0 0 50 50 50 0 Substance Une Disorder: Siab-Acete Detoxification 1002 H0014 Days 0 0 50 50 50 0 Substance Une Disorder: Siab-Acete Detoxification 1002 H0018 Encounter 24 182 \$34.35 \$3.46 \$48 8 Substance Une Disorder: Residential 1002 H0018 HF Encounter 20 0 50 50 50 50 0 50< | Substance Use Disorder: Outpatient Treatment | | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification 1002 H0012 Days 0 0 50 50 50 0 Substance Use Disorder: Sub-Acute Detoxification 1002 H0014 Days 0 0 50 50 50 0 Cipits Residential Services H0018 Encounter 24 102 88,345 \$3,476 \$458 8.8 Substance Use Disorder: Residential 1002 H0018 HF Encounter 0 0 50 50 50 0 Substance Use Disorder: Residential 1002 H0018 HF Encounter 0 0 50 50 50 0 0 Substance Use Disorder: Residential 1002 H0019 HF Encounter 0 0 50 50 50 0 0 50 50 50 0 0 50 50 50 0 0 50 50 50 0 0 50 50 50 0 0 <td>Substance Use Disorder: Case Management</td> <td></td> <td>H0006</td> <td></td> <td>Days</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acuse Detoxification 1002 18014 Days 0 0 0 50 50 50 0 0 5 | Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Controller Care 1906 1901 1908 | Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services H0018 Encounter 24 182 \$83,435 \$3,476 \$458 8 Substance Use Disorder: Residential 1002 H0018 HF Encounter 0 0 50 50 50 0 Substance Use Disorder: Residential 1002 H0019 HF Encounter 0 0 50 50 50 0 Substance Use Disorder: Residential 1002 Encounter 0 0 50 50 50 0 Substance Use Disorder: Residential Intervention H0022 Face Contract 0 0 50 | Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential 1002 | Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential 1002 1001 1002 1000 | Crisis Residential Services | | H0018 | | Encounter | 24 | 182 | \$83,435 | \$3,476 | \$458 | 8 |
| Substance Use Disorder: Methadone H0020 | Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention H0022 Face to Face Contact 0 0 S0 S0 S0 S0 S0 S0 | Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per Directed and Operated Support Services | Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Salistance Use Disorder: Recovery Support Services H0023 HF Encounter 0 0 50 \$0 \$0 Prevention Services - Direct Model H0025 Encounter 467 488 \$155,635 \$333 \$319 1 Assessment H0031 U5 Encounter 0 0 \$0 | Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment Ass | Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism H0031 U5 Encounter 0 0 0 50 50 50 0 0 | Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Ho Ho Ho Ho Ho Ho Ho Ho | Assessment | | H0031 | | Encounter | 467 | 488 | \$155,635 | \$333 | \$319 | 1 |
| Encounter | Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Monitoring of Teatment - Clinician H0032 TS 15 Minutes 204 372 \$42,439 \$208 \$114 2 | Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane H0033 15 Minutes 0 0 \$0 | Treatment Planning | | H0032 | | 15 Minutes | 383 | 395 | \$45,063 | \$118 | \$114 | 1 |
| Health Services H0034 15 minutes 0 0 50 50 50 50 0 0 1481 15 minutes | Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 204 | 372 | \$42,439 | \$208 | \$114 | 2 |
| Home Based Services H0036 15 Minutes 20 1,481 \$87,585 \$4,379 \$59 74 Home Based Services H0036 \$T 15 Minutes 1 2 \$118 \$118 \$59 2 Peer Directed and Operated Support Services H0038 TJ 15 Minutes 0 0 \$0 </td <td>Substance Use Disorder: Pharmalogical Support - Suboxane</td> <td></td> <td>H0033</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services H0036 ST 15 Minutes 1 2 \$118 \$118 \$59 2 Peer Directed and Operated Support Services H0038 TJ 15 Minutes 0 0 \$0 </td <td>Health Services</td> <td></td> <td>H0034</td> <td></td> <td>15 minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services H0038 TJ 15 Minutes 0 0 \$0 | Home Based Services | | H0036 | | 15 Minutes | 20 | 1,481 | \$87,585 | \$4,379 | \$59 | 74 |
| Peer Directed and Operated Support Services H0038 TJ 15 Minutes 0 0 \$0 | Home Based Services | | H0036 | ST | 15 Minutes | 1 | 2 | \$118 | \$118 | \$59 | 2 |
| Substance Use Disorder: Recovery Support Services H0038 HF 15 Minutes 0 0 \$0 | Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services NA Per Diem 0 0 \$0 <t< td=""><td>Peer Directed and Operated Support Services</td><td></td><td>H0038</td><td>TJ</td><td>15 Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></t<> | Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) H0039 Per Diem 0 0 \$0< | Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) H0039 TG Per Diem 0 0 \$0< | Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| AuSable Valley | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|---------------------------------------|----------|---------------------------------------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 3 | 9 | \$3,132 | \$1,044 | \$348 | 3 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 54 | 248 | \$15,312 | \$284 | \$62 | 5 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 11 | 81 | \$4,964 | \$451 | \$61 | 7 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 231 | 6,741 | \$45,566 | \$197 | \$7 | 29 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 2 | 802 | \$12,877 | \$6,439 | \$16 | 401 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 1 | 2 | \$32 | \$32 | \$16 | 2 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 39 | 1,925 | \$61,384 | \$1,574 | \$32 | 49 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 2 | 52 | \$1,056 | \$528 | \$20 | 26 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| AuSable Valley | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 104 | 486 | \$117,554 | \$1,130 | \$242 | 5 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 20 | 20 | \$3,528 | \$176 | \$176 | 1 |
| Health Services | | T1002 | | 15 Minutes | 24 | 121 | \$5,560 | \$232 | \$46 | 5 |
| Respite Care | | T1005 | | 15 minutes | 6 | 567 | \$5,549 | \$925 | \$10 | 95 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Targeted Case Management | | T1017 | | Encounter | 323 | 6,383 | \$456,393 | \$1,413 | \$72 | 20 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 151 | 236 | \$38,154 | \$253 | \$162 | 2 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| AuSable Valley | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 4 | 12 | \$1,620 | \$405 | \$135 | 3 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | · | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | - | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 756 | | \$2,343,953 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Barry | | | | Unit | | | | | | |
|--|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 7 | 71 | \$84,815 | \$12,116 | \$1,195 | 10 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 1 | 19 | \$16,240 | \$16,240 | \$855 | 19 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 1 | 3 | \$2,747 | \$2,747 | \$916 | 3 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Barry | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | s 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | j | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | 5 | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 3 | 3 | \$1,447 | \$482 | \$482 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | · | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 22 | 22 | \$16,356 | \$743 | \$743 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Barry | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 27 | 31 | \$7,478 | \$277 | \$241 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 106 | 364 | \$87,809 | \$828 | \$241 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 1 | 1 | \$241 | \$241 | \$241 | 1 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 42 | 60 | \$13,606 | \$324 | \$227 | 1 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 6 | 6 | \$1,809 | \$302 | \$302 | 1 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 7 | 11 | \$1,327 | \$190 | \$121 | 2 |
| Therapy-Family Therapy | | 90846 | | Encounter | 13 | 24 | \$5,790 | \$445 | \$241 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 123 | 394 | \$95,046 | \$773 | \$241 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 26 | 222 | \$35,181 | \$1,353 | \$158 | 9 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 1 | 2 | \$320 | \$320 | \$160 | 2 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 1 | 1 | \$178 | \$178 | \$178 | 1 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | - | | ** | - | - | ** | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Barry | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Barry | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 1 | 4 | \$421 | \$421 | \$105 | 4 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 1 | 72 | \$1,974 | \$1,974 | \$27 | 72 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 1 | 8 | \$526 | \$526 | \$66 | 8 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 1 | 4 | \$186 | \$186 | \$47 | 4 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 1 | 1 | \$485 | \$485 | \$485 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Per December Per | Barry | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Management Man | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Second Production and Management 9231 18 Economic 0 0 0 0 0 0 0 0 0 | Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Non-prient Non-prient Non-prient Polaution and Management 9205 | New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance for Boorder, New Patenter Trolaution and Management 990.04 HF Excounter 0 0 0 50 50 50 50 50 | Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Proposition and Management Proposition | New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Selection Company Co | Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Selection of the Disorder: Established Patient Evaluation and Management 9211 | Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Subshished Patient Evaluation and Management 9212 | Established Patient Evaluation and Management | | 99211 | | Encounter | 2 | 2 | \$202 | \$101 | \$101 | 1 |
| Solution Color Facilitation and Management 99212 | Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Stabbished Pairent Evaluation and Management 99213 Facounter 21 28 \$10,60 \$484 \$363 | Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Subtance Abuse: Established Patient Evaluation and Management 99214 Encounter 32 94 \$35,045 \$1,095 \$373 \$1,005 | Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management 99214 | Established Patient Evaluation and Management | | 99213 | | Encounter | 21 | 28 | \$10,160 | \$484 | \$363 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management 9214 HF 30 Minutes 0 0 S0 S0 S0 Established Patient Evaluation and Management 99215 50 Minutes 22 33 \$12,03 \$559 \$373 Substance Use Disorder: Established Patient Evaluation and Management 99215 HF 70 Minutes 0 0 \$0 | Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sabished Patient Evaluation and Management 9915 50 Minutes 22 33 \$12,03 \$559 \$373 | Established Patient Evaluation and Management | | 99214 | | Encounter | 32 | 94 | \$35,045 | \$1,095 | \$373 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management 99215 HF 70 Minutes 0 0 \$0 \$0 \$0 Additional Codes-Physician Services 99221 15 Minutes 1 1 \$111 <td< td=""><td>Substance Use Disorder: Established Patient Evaluation and Management</td><td></td><td>99214</td><td>HF</td><td>30 Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></td<> | Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Additional Codes-Physician Services 9221 1.5 Minutes 1 1 \$111< | Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 22 | 33 | \$12,303 | \$559 | \$373 | 2 |
| Additional Codes-Physician Services 99222 25 minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99221 | | 15 Minutes | 1 | 1 | \$111 | \$111 | \$111 | 1 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99225 25 minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99226 35 Minutes 0 0 \$0 \$0 \$0 Additional Codes-Physician Services 99231 <=30 Minutes | Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 < 30 Minutes 2 2 181 \$91 \$91 Additional Codes-Physician Services 99232 >30 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99232 > 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 9923 15 Minutes 2 3 \$ \$338 \$169 \$113 Additional Codes-Physician Services 99238 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99239 40 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99241 HF 80 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99245 HF 40 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 50 50 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 50 50 | Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 2 | 2 | \$181 | \$91 | \$91 | 1 |
| Additional Codes-Physician Services 99238 30 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99239 40 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99233 | | 15 Minutes | 2 | 3 | \$338 | \$169 | \$113 | 2 |
| Substance Use Disorder: Physician Consultations 99241 HF 60 Minutes 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 < | Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99252 HF 110 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Barry | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Barry | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 1 | 1 | \$482 | \$482 | \$482 | 1 |
| Assessment | | H0002 | | Encounter | 9 | 9 | \$2,171 | \$241 | \$241 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 5 | 21 | \$14,304 | \$2,861 | \$681 | 4 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 171 | 179 | \$86,190 | \$504 | \$482 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 6 | 9 | \$4,342 | \$724 | \$482 | 2 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 68 | 71 | \$17,128 | \$252 | \$241 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 2 | 2 | \$482 | \$241 | \$241 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 17 | 1,624 | \$438,063 | \$25,768 | \$270 | 96 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Barry | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 62 | 507 | \$62,339 | \$1,005 | \$123 | 8 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 4 | 12 | \$1,447 | \$362 | \$121 | 3 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 3 | 89 | \$3,528 | \$1,176 | \$40 | 30 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 11 | 309 | \$39,304 | \$3,573 | \$127 | 28 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 38 | 130 | \$4,847 | \$128 | \$37 | 3 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Barry | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 21 | 140 | \$13,816 | \$658 | \$99 | 7 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 3 | 3 | \$454 | \$151 | \$151 | 1 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 5 | 60 | \$3,619 | \$724 | \$60 | 12 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 3 | 3 | \$151 | \$50 | \$50 | 1 |
| Respite Care | | T1005 | | 15 minutes | 3 | 5,944 | \$23,627 | \$7,876 | \$4 | 1,981 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 1 | 1 | \$241 | \$241 | \$241 | 1 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 2 | 6 | \$882 | \$441 | \$147 | 3 |
| Targeted Case Management | | T1017 | | Encounter | 6 | 37 | \$5,437 | \$906 | \$147 | 6 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 20 | 26 | \$12,544 | \$627 | \$482 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Barry | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 261 | | \$1,167,719 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Bay-Arenac | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 13 | 196 | \$166,615 | \$12,817 | \$850 | 15 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 78 | 672 | \$555,706 | \$7,124 | \$827 | 9 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 10 | 61 | \$9,413 | \$941 | \$154 | 6 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Bay-Arenac Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|--------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0540 0542 | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 8 | 8 | \$3,655 | \$457 | \$457 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 18 | 776 | \$19,113 | \$1,062 | \$25 | 43 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 18 | 5,806 | \$143,189 | \$7,955 | \$25 | 323 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 17 | 214 | \$12,156 | \$715 | \$57 | 13 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 17 | 618 | \$35,033 | \$2,061 | \$57 | 36 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 13 | 34 | \$4,006 | \$308 | \$118 | 3 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 208 | 208 | \$94,150 | \$453 | \$453 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 2 | 2 | \$1,208 | \$604 | \$604 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Bay-Arenac | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|---------------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 179 | 281 | \$19,268 | \$108 | \$69 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 668 | 5,153 | \$442,361 | \$662 | \$86 | 8 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 320 | 1,026 | \$202,397 | \$632 | \$197 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 2 | 2 | \$336 | \$168 | \$168 | 1 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 69 | 162 | \$25,656 | \$372 | \$158 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 276 | 813 | \$61,151 | \$222 | \$75 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 12 | 60 | \$7,256 | \$605 | \$121 | 5 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 123 | 395 | \$31,236 | \$254 | \$79 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 5 | 274 | \$24,230 | \$4,846 | \$88 | 55 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 4 | 9 | \$1,809 | \$452 | \$201 | 2 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 3 | 36 | \$3,187 | \$1,062 | \$89 | 12 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 1 | 11 | \$1,227 | \$1,227 | \$112 | 11 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | - |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Name | Bay-Arenac | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|----------------------|-------|-------|---------|-----------|-----------|-----------|
| | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments Testing Politic color metrical 23 1/18 96/13 96/ | Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 2 | 8 | \$3,486 | \$1,743 | \$436 | 4 |
| Assessment for Assessment Part Part Part Part Part Part Part Par | Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 6 | 10 | \$4,797 | \$800 | \$480 | 2 |
| Assessment-Testing/Note: other fired 2/21/18 9610 Pack Martinal 10 0 0 90 90 90 90 90 9 | Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertance-Other | Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertance Other Other contentral 223178 | Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minuses Minu | Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96110 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobelan/fold Status Exam | Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments Tenting Note: code enrised [27]/18] 96118 U5 Per Bour 0 0 30 30 30 30 0 | Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 1231/18) 96118 U5 Per Hour 0 0 0 50 50 50 50 50 0 0 Assessments - Testing Note: code retired 1231/18) 96119 U5 0 0 0 0 50 50 50 50 0 0 Assessments - Note of the Part Hour 0 0 0 50 50 50 50 50 0 0 Assessments - Testing Note: code retired 1231/18) 96120 First Hour 0 0 0 50 50 50 50 50 50 0 0 Assessments - Testing Note: code retired 1231/18) 96120 First Hour 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing Note: code retired 1231/18) 96119 U5 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Antism(Note: code retried 12/31/18) 96119 U5 | Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing (Note: code retired 12/31/18) | Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing 96137 | Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment - Testing 96130 Each Additional Hour 0 0 S0 S0 S0 S0 S0 Assessment for Autism 96130 U5 First Hour 15 15 S4,041 S269 S269 1 | Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96130 U5 First Hour 15 15 \$4,041 \$2.69 \$2.69 1 | Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing 96131 | Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96131 U5 Each Additional Hour 0 0 0 50 50 50 0 0 | Assessment for Autism | | 96130 | U5 | First Hour | 15 | 15 | \$4,041 | \$269 | \$269 | 1 |
| Assessments - Testing 96132 Each Additional Hour 0 0 S0 S0 S0 S0 0 | Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | Assessment for Autism | | 96131 | U5 | Each Additional Hour | 4 | 11 | \$3,625 | \$906 | \$330 | 3 |
| Assessments - Testing 96133 First 30 Minutes 0 0 50 50 50 0 0 | Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment of Autism 96133 U5 Each Additional 30 0 0 0 50 50 50 50 0 | Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Seesments - Testing 96136 15 | Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes Minu | Assessment for Autism | | 96133 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Seessments - Testing 96137 Each Additional 30 | Assessments - Testing | | 96136 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96137 U5 Encounter 0 0 \$0 | Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing 96138 Encounter 0 0 50 50 50 0 Assessments - Testing 96139 15 Minutes 0 0 50 50 50 0 Assessments - Testing 96146 15 Minutes 0 0 50 50 50 0 Medication Administration 96372 15 Minutes 9 53 \$2,198 \$244 \$41 6 Occupational or Physical Therapy 97110 15 Minutes 0 0 \$0 | Assessments - Testing | | 96137 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing 96139 15 Minutes 0 0 \$0 | Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing 96146 15 Minutes 0 0 50 50 50 0 Medication Administration 96372 15 Minutes 9 53 \$2,198 \$244 \$41 6 Occupational or Physical Therapy 97110 15 Minutes 0 0 \$0 | Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration 96372 15 Minutes 9 53 \$2,198 \$244 \$41 6 Occupational or Physical Therapy 97110 15 Minutes 0 0 \$0 <td>Assessments - Testing</td> <td></td> <td>96139</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97110 15 Minutes 0 0 \$0 </td <td>Assessments - Testing</td> <td></td> <td>96146</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97112 15 Minutes 0 0 \$0 </td <td>Medication Administration</td> <td></td> <td>96372</td> <td></td> <td>15 Minutes</td> <td>9</td> <td>53</td> <td>\$2,198</td> <td>\$244</td> <td>\$41</td> <td>6</td> | Medication Administration | | 96372 | | 15 Minutes | 9 | 53 | \$2,198 | \$244 | \$41 | 6 |
| Occupational or Physical Therapy 97113 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97110</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97116 Encounter 0 0 \$0 \$0 \$0 \$0 0 | Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Bay-Arenac | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 17 | 194 | \$5,611 | \$330 | \$29 | 11 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 23 | 27,399 | \$337,122 | \$14,657 | \$12 | 1,191 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 23 | 3,650 | \$102,175 | \$4,442 | \$28 | 159 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 22 | 279 | \$7,735 | \$352 | \$28 | 13 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$166 | \$166 | \$166 | 1 |
| Occupational Therapy | | 97166 | | 15 Minutes | 12 | 13 | \$2,155 | \$180 | \$166 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 9 | 10 | \$1,507 | \$167 | \$151 | 1 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 2 | 17 | \$444 | \$222 | \$26 | 9 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 19 | 3,254 | \$124,255 | \$6,540 | \$38 | 171 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 3 | 3 | \$405 | \$135 | \$135 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Bay-Arenac | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 281 | 416 | \$22,251 | \$79 | \$53 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 10 | 11 | \$1,286 | \$129 | \$117 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 299 | 529 | \$95,309 | \$319 | \$180 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 515 | 1,337 | \$362,116 | \$703 | \$271 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 21 | 31 | \$9,511 | \$453 | \$307 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Bay-Arenac | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Bay-Arenac | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 17 | 17 | \$1,816 | \$107 | \$107 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 9 | 61 | \$26,530 | \$2,948 | \$435 | 7 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 543 | 569 | \$133,311 | \$246 | \$234 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 37 | 40 | \$50,326 | \$1,360 | \$1,258 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 589 | 621 | \$109,642 | \$186 | \$177 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 21 | 167 | \$16,287 | \$776 | \$98 | 8 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 160 | 13,323 | \$986,545 | \$6,166 | \$74 | 83 |
| Home Based Services | | H0036 | ST | 15 Minutes | 5 | 2,229 | \$16,734 | \$3,347 | \$8 | 446 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Bay-Arenac | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 143 | 1,539 | \$80,708 | \$564 | \$52 | 11 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 67 | 1,068 | \$55,979 | \$836 | \$52 | 16 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 12 | 6,380 | \$38,689 | \$3,224 | \$6 | 532 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 11 | 315 | \$23,038 | \$2,094 | \$73 | 29 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 2 | 75 | \$1,554 | \$777 | \$21 | 38 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 152 | 405 | \$18,508 | \$122 | \$46 | 3 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Bay-Arenac | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 24 | 96 | \$4,379 | \$182 | \$46 | 4 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 1 | 7 | \$200 | \$200 | \$29 | 7 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 21 | 1,381 | \$112,123 | \$5,339 | \$81 | 66 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 180 | 180 | \$39,605 | \$220 | \$220 | 1 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 5 | 1,180 | \$1,883 | \$377 | \$2 | 236 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 71 | 1,130 | \$90,918 | \$1,281 | \$80 | 16 |
| Targeted Case Management | | T1017 | | Encounter | 265 | 9,345 | \$518,097 | \$1,955 | \$55 | 35 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 167 | 217 | \$101,543 | \$608 | \$468 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Bay-Arenac | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 2 | 5 | \$52 | \$26 | \$10 | 3 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,256 | | \$5,383,017 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Part | Berrien | | | | Unit | | | | | | |
|--|--|---------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Dead Publishier Morbishie Mort Possible Ander greiter 1000 100 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 15 | 163 | \$176,461 | \$11,764 | \$1,083 | 11 |
| | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | | 0100 | | PT73 | Days | 3 | 40 | \$36,604 | \$12,201 | \$915 | 13 |
| Coach Perchanter Hospital Actual Community PT73phosicins 014, 0134, 0154 PT73 Days 0 0 0 50 80 30 0 0 0 0 0 0 0 0 | | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| PT68 | | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 9 | 44 | \$39,740 | \$4,416 | \$903 | 5 |
| Local Psychiatric Hospital Acustlery Services - Room and Bound 0144 | | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impation Hospital Auxillary Services - Room and Board 0.144 | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Leave of Absence 0183 | Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquatient Hospital Aucillury Services - Medical-Surgical Supplies 0270-0272 | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Radiology | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hoopital Ancillary Services - Radiology 0320 | | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| FCT Anesthesia 0370 | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services Oliver O | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Papatient Hospital Ancillary Services - Physical Therapy 0420-0424 | ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Energency Room O450 # of tests O O S0 S0 S0 S0 O Inpatient Hospital Ancillary Services - Emergency Room O450 # of tests O O S0 S0 S0 S0 O Inpatient Hospital Ancillary Services - Pulmonary Function O460 # of units O O S0 S0 S0 S0 S0 O Inpatient Hospital Ancillary Services - Audiology O470-0472 O O S0 S0 S0 S0 O Inpatient Hospital Ancillary Services - Magnetic Resonance Cethology (MRT) Office February Function Office February Function Office | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology Path | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance 0610-0611 | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy 0636 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fect Recovery Room O710 Hour O O SO SO SO SO O | | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731 Encounter 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - EEG 0740 # of visits 0 0 50 50 50 50 0 Crisis Observation Care 0762 Days 0 0 50 50 50 50 0 Additional Codes-ECT Facility Charge 0901 Days 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 # of visits 0 0 50 50 50 50 0 Outpatient Partial Hospitalization 0912 # of visits 0 0 50 50 50 50 0 Outpatient Partial Hospitalization 0913 Minutes 0 0 50 50 50 50 50 50 | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Days 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Days 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900,0902-0904, 0911,0914-0919 901 | Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 # of visits 0 0 \$0 | Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 <td></td> <td></td> <td></td> <td></td> <td># of tests</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | | | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 Minutes 0 0 \$0 \$0 \$0 0 | Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Part | Berrien | | | | Unit | | | | | | |
|---|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Mathianal Calaba-ECT Ameribans | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Million Mill | Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Max Note the function in Assessment Police code retined 1987 198 | Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| March Relations March Rela | Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mark Selective FLIPPI Select | | | 0359T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mathes with a District of Manusch | | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marchange retement (Note code retired 1271/18) | | | 0362T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MA Adaptive Treatment (Note: code retired 12318) | | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clay Clay Allegive Behavior Treatment (Note: code retired 2016 2067 205 Ebenouter 2016 200 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marka Group Algality Behavior Treatment (Note: code retired 1967 1968 1968 1969 1 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA C Risks (Decreation and Direction of Adaptive Behavior 108FT 105 Encounter 0 0 0 0 0 0 0 0 0 | | | 0366T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Restaurent/Note: code retined 12/31/18/ ABA Clainical Observation and Direction of Adaptrive Behavior 0.50 | | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Max Family Behavior Treatment Guidance (Note: code retired 1971 1871 | | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 1071 | | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group (Note: 0372T 15 15 15 15 15 15 15 1 | | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes Minu | | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Composition | | | 0372T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per 15 minutes effective 17/19 ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18 Prug Screen | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prop Screen 80.05 Encounter 0 0 50 50 50 50 50 50 | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 \$0 \$0 \$0 Drug Screen 80307 Encounter 0 0 \$0 \$0 \$0 Interactive Complexity - Add On Code 90785 Encounter 1 1 \$16 \$16 Assessment for Autism 90785 U5 Encounter 0 0 \$0 \$0 \$0 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 | | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 \$0 \$0 \$0 \$0 Interactive Complexity - Add On Code 90785 Encounter 1 1 \$16 \$16 \$16 Assessment for Autism 90785 U5 Encounter 0 0 \$0 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Hereactive Complexity - Add On Code 90785 Encounter 1 1 \$16 | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 < | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 \$0 \$0 Assessment 90791 Encounter 9 9 \$3,097 \$344 \$344 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Interactive Complexity - Add On Code | | 90785 | | Encounter | 1 | 1 | \$16 | \$16 | \$16 | 1 |
| Assessment 90791 Encounter 9 9 \$3,097 \$344 \$344 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 \$0 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90792 30 Minutes 104 104 \$37,624 \$362 \$362 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$37,624 \$362 | Assessment | - | 90791 | | Encounter | 9 | 9 | \$3,097 | \$344 | \$344 | 1 |
| Assessment 90792 30 Minutes 104 104 \$37,624 \$362 \$362 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Assessment for Autism | - | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90792 | | 30 Minutes | 104 | 104 | \$37,624 | \$362 | \$362 | 1 |
| Assessment for Autism 90792 U5 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Berrien | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 29 | 48 | \$6,272 | \$216 | \$131 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 1 | 1 | \$126 | \$126 | \$126 | 1 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 131 | 381 | \$62,263 | \$475 | \$163 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 4 | 10 | \$1,619 | \$405 | \$162 | 3 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 139 | 405 | \$81,888 | \$589 | \$202 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 3 | 19 | \$3,766 | \$1,255 | \$198 | 6 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 7 | 16 | \$4,141 | \$592 | \$259 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 10 | 24 | \$6,506 | \$651 | \$271 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 7 | 74 | \$11,063 | \$1,580 | \$149 | 11 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1 | | | | | | ~ | | ** | 7.7 | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Berrien | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 15 | 95 | \$7,757 | \$517 | \$82 | 6 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Berrien | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 1 | 8 | \$421 | \$421 | \$53 | 8 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 1 | 309 | \$4,237 | \$4,237 | \$14 | 309 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 1 | 44 | \$1,448 | \$1,448 | \$33 | 44 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 1 | 5 | \$165 | \$165 | \$33 | 5 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Service Langeny Revenue (Average Control (Arches) (Arches | Berrien | | | | Unit | | | | | | |
|---|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| None | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Solitane for Brocker New Patriers Finalestica and Misagement 9204 Excounter 0 0 30 30 30 30 30 30 | Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mingement Part Pa | New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Solution | Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| None Parlette Desirator None Management 90,05 Bincounter 0 0 0 0 0 0 0 0 0 | New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Deporter: New Parkent Evaluation and Management 9221 Encounter 0 0 0 50 50 50 50 50 | Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Patablished Patient Fishation and Management 9211 147 Eacouster 0 0 0 80 80 80 80 80 | New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Selection Le D'Orocher: Established Patient Evaluation and Minagement 9211 | Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Selabbleck Patient Evaluation and Management 99,212 File Encounter 0 0 0 0 0 0 0 0 0 | Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Un Bioorder Earbhished Patient Evaluation and Management 9212 Francisco 10 10 10 10 10 10 10 1 | Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Physicin | Established Patient Evaluation and Management | | 99212 | | Encounter | 103 | 178 | \$27,582 | \$268 | \$155 | 2 |
| Substance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 21 21 55,466 5260 526 | Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management 99214 | Established Patient Evaluation and Management | | 99213 | | Encounter | 217 | 590 | \$126,175 | \$581 | \$214 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management 99214 HF 30 Minutes 0 0 80 80 80 Enablished Patient Evaluation and Management 99215 50 Minutes 0 0 80 80 80 Substance Use Disorder: Established Patient Evaluation and Management 99215 HF 70 Minutes 0 0 80 80 80 Additional Codes-Physician Services 99221 15 Minutes 5 5 \$548 \$110 \$110 Additional Codes-Physician Services 99222 25 minutes 0 0 80 50 80 Additional Codes-Physician Services 99223 15 Minutes 0 0 80 80 80 Additional Codes-Physician Services 99224 15 Minutes 0 0 80 80 80 Additional Codes-Physician Services 99225 25 minutes 0 0 80 80 80 Additional Codes-Physician Services 99231 3 Minutes 1 1 | Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Stabilished Patient Evaluation and Management 9915 50 Minutes 0 0 50 50 50 50 50 50 | Established Patient Evaluation and Management | | 99214 | | Encounter | 21 | 21 | \$5,466 | \$260 | \$260 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management 99215 HF 70 Minutes 0 0 S0 S0 S0 Additional Codes-Physician Services 99221 15 Minutes 5 5 \$548 \$110 \$110 Additional Codes-Physician Services 99222 25 minutes 0 0 \$0 \$0 \$0 Additional Codes-Physician Services 99223 35 Minutes 5 5 \$548 \$110 \$110 Additional Codes-Physician Services 99224 15 Minutes 0 0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99225 25 minutes 0 0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99231 < 35 Minutes | Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Additional Codes-Physician Services 9921 15 Minutes 5 5 \$5 \$10 \$10 Additional Codes-Physician Services 99222 25 minutes 0 0 \$0 | Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99222 25 minutes 0 0 0 50 50 50 50 Additional Codes-Physician Services 99223 35 Minutes 5 5 5 55 548 \$110 \$110 \$110 \$110 \$110 \$110 \$110 \$11 | Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 0 80 80 80 80 80 80 80 80 80 80 80 | Additional Codes-Physician Services | | 99221 | | 15 Minutes | 5 | 5 | \$548 | \$110 | \$110 | 1 |
| Additional Codes-Physician Services 9924 15 Minutes 0 0 0 80 80 80 80 80 80 80 80 80 80 80 | Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99225 25 minutes 0 0 \$ | Additional Codes-Physician Services | | 99223 | | 35 Minutes | 5 | 5 | \$548 | \$110 | \$110 | 1 |
| Additional Codes-Physician Services 99226 35 Minutes 0 0 50 \$0 \$0 Additional Codes-Physician Services 99231 <=30 Minutes | Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 <= 30 Minutes 2 3 \$290 \$145 \$97 Additional Codes-Physician Services 99232 > 30 Minutes 6 8 \$878 \$146 \$110 Additional Codes-Physician Services 99233 15 Minutes 8 16 \$1,755 \$219 \$110 Additional Codes-Physician Services 99238 30 Minutes 1 1 \$110 \$110 \$110 Additional Codes-Physician Services 99239 40 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99241 HF 60 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 9923 >3 Minutes 6 8 \$878 \$146 \$110 Additional Codes-Physician Services 9923 15 Minutes 8 16 \$1,755 \$219 \$110 Additional Codes-Physician Services 99238 30 Minutes 1 1 1 \$110 \$110 \$110 Additional Codes-Physician Services 99239 40 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99241 HF 80 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 50 \$0 Substance Use Disorder: Phy | Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99233 15 Minutes 8 16 \$1,755 \$219 \$110 Additional Codes-Physician Services 99238 30 Minutes 1 1 1 \$110 \$110 \$110 Additional Codes-Physician Services 99239 40 Minutes 0 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99241 HF 60 Minutes 0 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99245 HF 40 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 2 | 3 | \$290 | \$145 | \$97 | 2 |
| Additional Codes-Physician Services 99238 30 Minutes 1 1 1 \$10 \$110 \$110 \$110 \$100 \$100 \$10 | Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 6 | 8 | \$878 | \$146 | \$110 | 1 |
| Additional Codes-Physician Services 99239 40 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99233 | | 15 Minutes | 8 | 16 | \$1,755 | \$219 | \$110 | 2 |
| Substance Use Disorder: Physician Consultations 99241 HF 60 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99238 | | 30 Minutes | 1 | 1 | \$110 | \$110 | \$110 | 1 |
| Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99252 HF 110 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Berrien | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Berrien | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 13 | 13 | \$3,277 | \$252 | \$252 | 1 |
| Assessment | | H0002 | | Encounter | 3 | 3 | \$475 | \$158 | \$158 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 2 | 22 | \$451 | \$225 | \$20 | 11 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 1 | 1 | \$49 | \$49 | \$49 | 1 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 332 | 346 | \$88,444 | \$266 | \$256 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 10 | 10 | \$4,370 | \$437 | \$437 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 41 | 41 | \$10,441 | \$255 | \$255 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 213 | 9,937 | \$875,536 | \$4,110 | \$88 | 47 |
| Home Based Services | | H0036 | ST | 15 Minutes | 4 | 137 | \$11,824 | \$2,956 | \$86 | 34 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 2 | 8 | \$105 | \$52 | \$13 | 4 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 1 | 5 | \$541 | \$541 | \$108 | 5 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Berrien | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 1 | 4 | \$1,207 | \$1,207 | \$302 | 4 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 7 | 18 | \$774 | \$111 | \$43 | 3 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 1 | 8 | \$385 | \$385 | \$48 | 8 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 16 | 5,062 | \$41,148 | \$2,572 | \$8 | 316 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 4 | 233 | \$20,110 | \$5,028 | \$86 | 58 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 31 | 3,992 | \$310,247 | \$10,008 | \$78 | 129 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | <u> </u> | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Berrien | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 5 | 52 | \$12,810 | \$2,562 | \$246 | 10 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 3 | 3,292 | \$12,081 | \$4,027 | \$4 | 1,097 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 9 | 69 | \$11,073 | \$1,230 | \$160 | 8 |
| Targeted Case Management | | T1017 | | Encounter | 59 | 2,157 | \$195,840 | \$3,319 | \$91 | 37 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 108 | 151 | \$56,256 | \$521 | \$373 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Berrien | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 2 | 24 | \$3,008 | \$1,504 | \$125 | 12 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 642 | | \$2,309,016 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Clinton Eaton Ingham | Daniel Gala | HCDCs C. I. | M. P.C. | Unit | Corre | TTotal | G. v | G/G | Contact (Clark | II-2/C |
|---|-------------------------------------|-------------|----------|-----------------|-------|--------|-------------|-----------|----------------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 89 | 1,406 | \$1,546,563 | \$17,377 | \$1,100 | 16 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 1 | 12 | \$12,244 | \$12,244 | \$1,020 | 12 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 1 | 9 | \$1,187 | \$1,187 | \$132 | 9 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | * | | | ** | 7.0 | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Clinton Eaton Ingham | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 6 | 9 | \$2,225 | \$371 | \$247 | 2 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | · | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 156 | 199 | \$174,335 | \$1,118 | \$876 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Clinton Eaton Ingham | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 113 | 321 | \$58,909 | \$521 | \$184 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 154 | 445 | \$97,555 | \$633 | \$219 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 444 | 3,615 | \$970,607 | \$2,186 | \$268 | 8 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 123 | 421 | \$121,215 | \$985 | \$288 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 527 | 4,546 | \$1,227,603 | \$2,329 | \$270 | 9 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 27 | 304 | \$78,955 | \$2,924 | \$260 | 11 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1 | | | | | - | | ** | | 7.7 | |

Children with Serious Emotional Disturbance

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| Clinton Eaton Ingham | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Clinton Eaton Ingham | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective $1/1/19$) | | 97151 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Clinton Eaton Ingham | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 3 | 3 | \$781 | \$260 | \$260 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 304 | 1,549 | \$484,854 | \$1,595 | \$313 | 5 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 1 | 1 | \$377 | \$377 | \$377 | 1 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 1 | 8 | \$914 | \$914 | \$114 | 8 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 1 | 1 | \$136 | \$136 | \$136 | 1 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 1 | 2 | \$391 | \$391 | \$195 | 2 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 2 | 2 | \$62 | \$31 | \$31 | 1 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 1 | 1 | \$153 | \$153 | \$153 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 1 | 10 | \$5,654 | \$5,654 | \$565 | 10 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 969 | 1,486 | \$960,646 | \$991 | \$646 | 2 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 28 | 42 | \$13,920 | \$497 | \$331 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 781 | 73,971 | \$5,533,941 | \$7,086 | \$75 | 95 |
| Home Based Services | | H0036 | ST | 15 Minutes | 17 | 369 | \$27,606 | \$1,624 | \$75 | 22 |
| Peer Directed and Operated Support Services | · · · · · · · · · · · · · · · · · · · | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | · · · · · · · · · · · · · · · · · · · | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Clinton Eaton Ingham | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 147 | 1,526 | \$564,767 | \$3,842 | \$370 | 10 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 20 | 261 | \$6,096 | \$305 | \$23 | 13 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 1 | 286 | \$1,633 | \$1,633 | \$6 | 286 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 100 | 7,037 | \$139,431 | \$1,394 | \$20 | 70 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 83 | 16,198 | \$215,906 | \$2,601 | \$13 | 195 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 40 | 858 | \$505,368 | \$12,634 | \$589 | 21 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 3 | 3 | \$4,188 | \$1,396 | \$1,396 | 1 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Clinton Eaton Ingham | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 30 | 238 | \$69,275 | \$2,309 | \$291 | 8 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 2 | 4 | \$2,169 | \$1,084 | \$542 | 2 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 4 | 4 | \$177 | \$44 | \$44 | 1 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 8 | 11 | \$4,852 | \$606 | \$441 | 1 |
| Health Services | | T1002 | | 15 Minutes | 2 | 2 | \$427 | \$213 | \$213 | 1 |
| Respite Care | | T1005 | | 15 minutes | 7 | 200 | \$7,698 | \$1,100 | \$38 | 29 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 3 | 1,099 | \$5,511 | \$1,837 | \$5 | 366 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 1 | 8 | \$402 | \$402 | \$50 | 8 |
| Targeted Case Management | | T1017 | | Encounter | 7 | 246 | \$34,484 | \$4,926 | \$140 | 35 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 383 | 883 | \$818,335 | \$2,137 | \$927 | 2 |
| | | | | | | | | | | |

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| Clinton Eaton Ingham | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|--------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 1 | 25 | \$999 | \$999 | \$40 | 25 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | - | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,727 | | \$13,702,549 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| CMH for Central Michigan | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 10 | 99 | \$101,955 | \$10,196 | \$1,030 | 10 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 3 | 27 | \$3,299 | \$1,100 | \$122 | 9 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 7 | 79 | \$94,431 | \$13,490 | \$1,195 | 11 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 1 | 9 | \$464 | \$464 | \$52 | 9 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 15 | 103 | \$89,363 | \$5,958 | \$868 | 7 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 2 | 10 | \$2,713 | \$1,357 | \$271 | 5 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| CMH for Central Michigan | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 3 | 3 | \$1,593 | \$531 | \$531 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 6 | 139 | \$2,331 | \$389 | \$17 | 23 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 6 | 1,333 | \$25,262 | \$4,210 | \$19 | 222 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 6 | 47 | \$7,145 | \$1,191 | \$152 | 8 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 6 | 184 | \$21,710 | \$3,618 | \$118 | 31 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 3 | 8 | \$1,366 | \$455 | \$171 | 3 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 43 | 43 | \$35,016 | \$814 | \$814 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 174 | 175 | \$156,410 | \$899 | \$894 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| CMH for Central Michigan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 49 | 103 | \$9,628 | \$196 | \$93 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 112 | 290 | \$40,696 | \$363 | \$140 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 167 | 741 | \$133,657 | \$800 | \$180 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 281 | 813 | \$160,057 | \$570 | \$197 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 1,106 | 6,831 | \$1,321,241 | \$1,195 | \$193 | 6 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 2 | 12 | \$2,332 | \$1,166 | \$194 | 6 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 37 | 211 | \$17,462 | \$472 | \$83 | 6 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 5 | 171 | \$19,392 | \$3,878 | \$113 | 34 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 2 | 2 | \$388 | \$194 | \$194 | 1 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | · | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| CMH for Central Michigan | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|--------------|------------|-----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue code | | Wiodilici | | | | | | | |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 1 | 1 | \$195 | \$195 | \$195 | 1 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 2 | 2 | \$1,282 | \$641 | \$641 | 1 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 10 | 10 | \$6,969 | \$697 | \$697 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 10 | 16 | \$9,839 | \$984 | \$615 | 2 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 1 | 3 | \$585 | \$585 | \$195 | 3 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 2 | 11 | \$3,085 | \$1,543 | \$280 | 6 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | - | - | | | | |

Children with Serious Emotional Disturbance

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| CMH for Central Michigan | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 5 | 53 | \$3,529 | \$706 | \$67 | 11 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 8 | 8,067 | \$73,827 | \$9,228 | \$9 | 1,008 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 7 | 1,281 | \$76,644 | \$10,949 | \$60 | 183 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 7 | 109 | \$4,954 | \$708 | \$45 | 16 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Physical Therapy | | 97162 | | Encounter | 1 | 1 | \$194 | \$194 | \$194 | 1 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Occupational Therapy | | 97165 | | Encounter | 5 | 5 | \$2,328 | \$466 | \$466 | 1 |
| Occupational Therapy | | 97166 | | 15 Minutes | 7 | 7 | \$2,293 | \$328 | \$328 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 5 | 544 | \$16,500 | \$3,300 | \$30 | 109 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 10 | 66 | \$10,160 | \$1,016 | \$154 | 7 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|

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| CMH for Central Michigan | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 4 | 4 | \$614 | \$154 | \$154 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 297 | 874 | \$222,041 | \$748 | \$254 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 170 | 365 | \$127,043 | \$747 | \$348 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 11 | 11 | \$1,442 | \$131 | \$131 | 1 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 8 | 9 | \$2,037 | \$255 | \$226 | 1 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 16 | 57 | \$2,264 | \$142 | \$40 | 4 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 9 | 21 | \$1,382 | \$154 | \$66 | 2 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 8 | 12 | \$1,024 | \$128 | \$85 | 2 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 14 | 15 | \$1,220 | \$87 | \$81 | 1 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 2 | 2 | \$126 | \$63 | \$63 | 1 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| CMH for Central Michigan | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| CMH for Central Michigan | D C. 1. | HCDCS C. 1. | Margan | Unit | C | TT-14- | G | G1/G | Contracts | H-2/C |
|--|---------------------------------------|-------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 12 | 127 | \$60,793 | \$5,066 | \$479 | 11 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 1,271 | 1,342 | \$365,932 | \$288 | \$273 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 827 | 1,162 | \$200,665 | \$243 | \$173 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 3 | 3 | \$721 | \$240 | \$240 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 385 | 26,861 | \$2,641,934 | \$6,862 | \$98 | 70 |
| Home Based Services | | H0036 | ST | 15 Minutes | 21 | 962 | \$94,618 | \$4,506 | \$98 | 46 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| CMH for Central Michigan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|-------------|-------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 18 | 210 | \$13,692 | \$761 | \$65 | 12 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 1 | 1 | \$104 | \$104 | \$104 | 1 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 19 | 28 | \$2,664 | \$140 | \$95 | 1 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 580 | 2,211 | \$389,477 | \$672 | \$176 | 4 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 6 | 36 | \$9,483 | \$1,581 | \$263 | 6 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 26 | 2,977 | \$22,175 | \$853 | \$7 | 115 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 12 | 19,429 | \$90,747 | \$7,562 | \$5 | 1,619 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 27 | 718 | \$52,560 | \$1,947 | \$73 | 27 |
| Behavior Services | | H2019 | TT | Days | 28 | 1,249 | \$19,899 | \$711 | \$16 | 45 |
| Wraparound | | H2021 | | 15 minutes | 67 | 1,509 | \$354,767 | \$5,295 | \$235 | 23 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 27 | 263 | \$102,698 | \$3,804 | \$390 | 10 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 1 | 24 | \$2,906 | \$2,906 | \$121 | 24 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 73 | 10,769 | \$1,105,274 | \$15,141 | \$103 | 148 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 243 | 748 | \$20,177 | \$83 | \$27 | 3 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| CMH for Central Michigan | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 29 | 164 | \$28,640 | \$988 | \$175 | 6 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 62 | 559 | \$79,078 | \$1,275 | \$141 | 9 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 2 | 10 | \$16,484 | \$8,242 | \$1,648 | 5 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 1 | 1 | \$942 | \$942 | \$942 | 1 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 22 | 23,452 | \$46,036 | \$2,093 | \$2 | 1,066 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 2 | 1,110 | \$3,041 | \$1,521 | \$3 | 555 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 54 | 759 | \$67,006 | \$1,241 | \$88 | 14 |
| Targeted Case Management | | T1017 | | Encounter | 86 | 1,474 | \$127,216 | \$1,479 | \$86 | 17 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 292 | 383 | \$384,702 | \$1,317 | \$1,004 | 1 |

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| CMH for Central Michigan | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 19 | 121 | \$7,452 | \$392 | \$62 | 6 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 20 | 110 | \$13,509 | \$675 | \$123 | 6 |
| Respite Care | | T2037 | | Per Item | 4 | 185 | \$2,207 | \$552 | \$12 | 46 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 2,291 | | \$9,147,087 | | | |

Children with Serious Emotional Disturbance

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| Copper Country Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 3 | 32 | \$31,958 | \$10,653 | \$999 | 11 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Copper Country | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 2 | 2 | \$1,646 | \$823 | \$823 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 8 | 8 | \$7,906 | \$988 | \$988 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Copper Country | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 44 | 132 | \$16,011 | \$364 | \$121 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 60 | 196 | \$38,598 | \$643 | \$197 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 64 | 323 | \$89,524 | \$1,399 | \$277 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 11 | 28 | \$4,010 | \$365 | \$143 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Copper Country | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Copper Country | | | | Unit | | ** . | | aa | | ** |
|--|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 3 | 3 | \$2,976 | \$992 | \$992 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Copper Country Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | | | | | | | | | | |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 2 | 2 | \$1,340 | \$670 | \$670 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 34 | 125 | \$37,253 | \$1,096 | \$298 | 4 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 34 | 101 | \$39,330 | \$1,157 | \$389 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Copper Country | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Copper Country | | | | Unit | _ | | _ | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 41 | 41 | \$11,175 | \$273 | \$273 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 1 | 1 | \$184 | \$184 | \$184 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 78 | 163 | \$87,601 | \$1,123 | \$537 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 24 | 1,300 | \$160,959 | \$6,707 | \$124 | 54 |
| Home Based Services | | H0036 | ST | 15 Minutes | 1 | 38 | \$885 | \$885 | \$23 | 38 |
| Peer Directed and Operated Support Services | | H0038 | | | 1 | 18 | \$373 | \$373 | \$21 | 18 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Copper Country | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 1 | 6 | \$653 | \$653 | \$109 | 6 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 23 | 190 | \$41,047 | \$1,785 | \$216 | 8 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 1 | 3 | \$648 | \$648 | \$216 | 3 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 3 | 183 | \$7,190 | \$2,397 | \$39 | 61 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 42 | 119 | \$3,027 | \$72 | \$25 | 3 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Copper Country | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 1 | 2 | \$379 | \$379 | \$190 | 2 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 3 | 144 | \$5,663 | \$1,888 | \$39 | 48 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 4 | 7 | \$7,522 | \$1,880 | \$1,075 | 2 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 2 | 58 | \$223 | \$112 | \$4 | 29 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 9 | 23 | \$3,809 | \$423 | \$166 | 3 |
| Targeted Case Management | | T1017 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 6 | 9 | \$21,057 | \$3,509 | \$2,340 | 2 |
| | | | · | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Copper Country | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 1 | 1 | \$104 | \$104 | \$104 | 1 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 4 | 36 | \$3,213 | \$803 | \$89 | 9 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 134 | | \$626,266 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Detroit-Wayne | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 596 | 5,767 | \$4,004,720 | \$6,719 | \$694 | 10 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 232 | 2,214 | \$1,250,941 | \$5,392 | \$565 | 10 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 8 | 97 | \$78,300 | \$9,788 | \$807 | 12 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 9 | 91 | \$53,242 | \$5,916 | \$585 | 10 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 2 | 10 | \$6,300 | \$3,150 | \$630 | 5 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 1 | 36 | \$32,400 | \$32,400 | \$900 | 36 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 773 | 7,838 | \$2,155,450 | \$2,788 | \$275 | 10 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Service Clause Service Color Service Service Ser | Detroit-Wayne | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|------------------|-------|-------|-----------|-----------|-----------|-----------|
| Millorian Color: For Execution 10014 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mathematic Color: ECT Accordance 1901 1911 | Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MA Absorber Memilianian Assorber Memilianianianianianianianianianianianianiani | Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Add Als | Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mak Belavine Follow-yeak-seasoned (reporting united of per 15 g 1967 968 | | | 0359T | U5 | | 20 | 20 | \$10,251 | \$513 | \$513 | 1 |
| Manual Pentamen Police on desirents (1970) 1970 | | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| AAA Adaptive Treatment (Note: code retired 12/11/18) | | | 0362T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MA Adaptive Teammen (Note: onde retired 1231/18) | | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Cargina Marpire Behavior Treatment (Note: code petired 1936) US Esch Additional 30 1 13 5106 5105 510 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | | 33 | 1,202 | \$34,618 | \$1,049 | \$29 | 36 |
| ABA Clarical Algaries Relavior Treatment (Note: code retired 0,167 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 33 | 6,807 | \$193,810 | \$5,873 | \$28 | 206 |
| ABA Clained Discretation and Direction of Adaptive Behavior 1086T 105 Encounter 34 289 \$18,003 \$530 \$0.00 \$2.00 | | | 0366T | U5 | | 1 | 13 | \$106 | \$106 | \$8 | 13 |
| Part | | | 0367T | U5 | Encounter | 1 | 36 | \$292 | \$292 | \$8 | 36 |
| Peatment Note: code retired 1231/18 1801 | | | 0368T | U5 | Encounter | 34 | 289 | \$18,003 | \$530 | \$62 | 9 |
| ABA Family Behavior Treatment Guidance(Note: code retired 0.3717 U5 Per 15 Minutes 0 0 0 50 50 50 50 0 0 | | | 0369T | U5 | Encounter | 34 | 717 | \$43,636 | \$1,283 | \$61 | 21 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: 0372T U5 Each Additional 30 0 0 0 50 50 50 50 0 | | | 0370T | U5 | First 60 Minutes | 33 | 94 | \$11,483 | \$348 | \$122 | 3 |
| Minutes Minu | | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective I/I/I/I (reporting units of per 15 minutes effective I/I/I (reporting units of per 15 minutes effective I/I (reporting units of per 15 minutes units of per 15 minutes effective I/I (reporting units of per 15 minutes units | | | 0372T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per 15 minutes effective 1/1/19 ABA Exposure Adaptive Behavior Treatment(Note: code retired 1/2/31/18 Drug Screen 88035 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prog Screen \$80.05 Encounter \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 \$0 <td></td> <td></td> <td>0374T</td> <td>U5</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 \$0 <td>Drug Screen</td> <td></td> <td>80305</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code 90785 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$20 \$123,297 \$333 \$223 \$1 \$20 \$0 | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 Encounter 370 552 \$123,297 \$333 \$223 1 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 </td <td>Assessment for Autism</td> <td></td> <td>90785</td> <td>U5</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 \$28 \$1 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 </td <td>Assessment</td> <td></td> <td>90791</td> <td></td> <td>Encounter</td> <td>370</td> <td>552</td> <td>\$123,297</td> <td>\$333</td> <td>\$223</td> <td>1</td> | Assessment | | 90791 | | Encounter | 370 | 552 | \$123,297 | \$333 | \$223 | 1 |
| Assessment 90792 30 Minutes 2,868 2,939 \$849,411 \$296 \$289 1 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 <t< td=""><td>Substance Use: Assessment</td><td></td><td>90791</td><td>HF</td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></t<> | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90792 | | 30 Minutes | 2,868 | 2,939 | \$849,411 | \$296 | \$289 | 1 |
| Assessment for Autism 90792 U5 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 | Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Detroit-Wayne | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 4,215 | 11,552 | \$1,036,746 | \$246 | \$90 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 4,552 | 17,765 | \$2,636,018 | \$579 | \$148 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 4,583 | 20,627 | \$4,234,207 | \$924 | \$205 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 24 | 27 | \$2,725 | \$114 | \$101 | 1 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 6 | 12 | \$1,200 | \$200 | \$100 | 2 |
| Therapy-Family Therapy | | 90846 | | Encounter | 1,396 | 3,478 | \$429,510 | \$308 | \$123 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 4,668 | 18,046 | \$2,406,916 | \$516 | \$133 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 25 | 51 | \$2,678 | \$107 | \$53 | 2 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 63 | 274 | \$14,385 | \$228 | \$53 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 616 | 3,597 | \$232,355 | \$377 | \$65 | 6 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 133 | 243 | \$15,795 | \$119 | \$65 | 2 |
| Speech & Language Therapy | | 92507 | | Encounter | 6 | 143 | \$9,295 | \$1,549 | \$65 | 24 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 4 | 4 | \$480 | \$120 | \$120 | 1 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | - | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Detroit-Wayne | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 185 | 617 | \$189,885 | \$1,026 | \$308 | 3 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 11 | 46 | \$7,969 | \$724 | \$173 | 4 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 140 | 236 | \$29,500 | \$211 | \$125 | 2 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 532 | 588 | \$345,434 | \$649 | \$587 | 1 |
| Assessment for Autism | | 96130 | U5 | First Hour | 36 | 44 | \$6,476 | \$180 | \$147 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 272 | 801 | \$136,421 | \$502 | \$170 | 3 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 36 | 68 | \$10,372 | \$288 | \$153 | 2 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 138 | 139 | \$8,519 | \$62 | \$61 | 1 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 16 | 16 | \$1,184 | \$74 | \$74 | 1 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 137 | 868 | \$53,310 | \$389 | \$61 | 6 |
| Assessment for Autism | | 96137 | U5 | Encounter | 17 | 77 | \$5,683 | \$334 | \$74 | 5 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 5 | 7 | \$175 | \$35 | \$25 | 1 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 2 | 27 | \$540 | \$270 | \$20 | 14 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Detroit-Wayne | | | | Unit | | | | | | |
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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 62 | 609 | \$26,892 | \$434 | \$44 | 10 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 58 | 39,105 | \$515,760 | \$8,892 | \$13 | 674 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 1 | 299 | \$1,233 | \$1,233 | \$4 | 299 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 58 | 5,117 | \$155,543 | \$2,682 | \$30 | 88 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 47 | 569 | \$17,124 | \$364 | \$30 | 12 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 3 | 3 | \$450 | \$150 | \$150 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 1 | 1 | \$225 | \$225 | \$225 | 1 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 1 | 6 | \$210 | \$210 | \$35 | 6 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 19 | 19 | \$1,045 | \$55 | \$55 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 67 | 68 | \$6,120 | \$91 | \$90 | 1 |

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|---|--------------|------------|----------|---------------|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 2 | 2 | \$230 | \$115 | \$115 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 2 | 2 | \$320 | \$160 | \$160 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 41 | 41 | \$7,620 | \$186 | \$186 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 189 | 367 | \$18,129 | \$96 | \$49 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 548 | 1,276 | \$119,129 | \$217 | \$93 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 3,242 | 9,965 | \$1,522,113 | \$469 | \$153 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 2,032 | 6,223 | \$1,155,795 | \$569 | \$186 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 265 | 370 | \$73,694 | \$278 | \$199 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 7 | 7 | \$700 | \$100 | \$100 | 1 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 1 | 1 | \$100 | \$100 | \$100 | 1 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 2 | 5 | \$500 | \$250 | \$100 | 3 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 1 | 5 | \$48 | \$48 | \$10 | 5 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 1 | 8 | \$5 | \$5 | \$1 | 8 |

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|--|---------------------------------------|------------|----------|--------------------------------------|--------|---------|--------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 137 | 1,126 | \$481,550 | \$3,515 | \$428 | 8 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 10,372 | 24,457 | \$5,360,496 | \$517 | \$219 | 2 |
| Assessment for Autism | | H0031 | U5 | Encounter | 168 | 171 | \$79,874 | \$475 | \$467 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 9,441 | 23,487 | \$4,432,466 | \$469 | \$189 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 1,074 | 1,583 | \$202,783 | \$189 | \$128 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 2,562 | 282,427 | \$19,759,414 | \$7,712 | \$70 | 110 |
| Home Based Services | | H0036 | ST | 15 Minutes | 36 | 1,115 | \$77,900 | \$2,164 | \$70 | 31 |
| Peer Directed and Operated Support Services | | H0038 | | | 28 | 277 | \$2,127 | \$76 | \$8 | 10 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 42 | 665 | \$4,772 | \$114 | \$7 | 16 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Detroit-Wayne | | | | Unit | | | | | | |
|---|---------------------------------------|------------|---------------------------------------|-------------|-------|---------|---------------------------------------|---------------------------------------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 13 | 155 | \$19,330 | \$1,487 | \$125 | 12 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 1 | 1 | \$150 | \$150 | \$150 | 1 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 2 | 2 | \$220 | \$110 | \$110 | 1 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 195 | 870 | \$32,697 | \$168 | \$38 | 4 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 1,943 | 7,863 | \$1,008,320 | \$519 | \$128 | 4 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 11 | 208 | \$901 | \$82 | \$4 | 19 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 457 | 191,300 | \$1,106,381 | \$2,421 | \$6 | 419 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 418 | 760,052 | \$3,289,665 | \$7,870 | \$4 | 1,818 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 492 | 57,438 | \$5,459,568 | \$11,097 | \$95 | 117 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 61 | 1,153 | \$392,020 | \$6,427 | \$340 | 19 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 2 | 17 | \$723 | \$361 | \$43 | 9 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 58 | 4,180 | \$439,580 | \$7,579 | \$105 | 72 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | · | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | · | · | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | · · | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Detroit-Wayne | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 85 | 664 | \$122,081 | \$1,436 | \$184 | 8 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 389 | 4,001 | \$692,705 | \$1,781 | \$173 | 10 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 7 | 1,370 | \$332,687 | \$47,527 | \$243 | 196 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 82 | 102 | \$5,902 | \$72 | \$58 | 1 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 110 | 156 | \$13,257 | \$121 | \$85 | 1 |
| Health Services | | T1002 | | 15 Minutes | 383 | 1,063 | \$39,980 | \$104 | \$38 | 3 |
| Respite Care | | T1005 | | 15 minutes | 83 | 52,539 | \$286,087 | \$3,447 | \$5 | 633 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 8 | 5,653 | \$29,815 | \$3,727 | \$5 | 707 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 102 | 1,107 | \$64,304 | \$630 | \$58 | 11 |
| Targeted Case Management | | T1017 | | Encounter | 4,498 | 72,794 | \$6,095,915 | \$1,355 | \$84 | 16 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 197 | 217 | \$116,125 | \$589 | \$535 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Detroit-Wayne | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|--------|-------|--------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 5 | 23 | \$3,173 | \$635 | \$138 | 5 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | - | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 13,184 | | \$74,259,993 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Part | Genesee | | | | Unit | | | | | | |
|--|--|---------------------|------------|----------|-----------------|-------|-------|-------------|-----------|-----------|-----------|
| Dead Psychiatric Mominis MD PT Psychiatric store seedable 014,012,013,0154 Pf66 Days 0 0 0 0 0 0 0 0 0 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Decad Psychaters (Longial MOD Prifsylepsiaters one seedland 01,40,103,40,1034 Pf66 Days 0 0 0 50 50 50 0 0 Decad Psychaters (Longial A. Parkers Community PT7) Seedlands Pf77 Days 112 998 998,274 \$5,000 \$99,000 P57 P57 P57 P59,000 P59, | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 164 | 1,760 | \$1,263,146 | \$7,702 | \$718 | 11 |
| | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part Carl Psychiatry Royals Assac Community PT71squished Royals Psychiatry Royals Assac Community PT71squished Royals Assac Community PT71squished Royals PT71squished Royals Royals Royals PT71squished Royals Royals Royals Royals PT71squished Royals Roya | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pool Popularis Royal Acate Community PT5-ghysolam 014,0124,0134,0154 PT73 Days 0 0 0 30 30 50 50 50 | | 0100 | | PT73 | Days | 112 | 995 | \$898,274 | \$8,020 | \$903 | 9 |
| Consider Content Con | | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| PT68 | | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decid Psychiatric Hospital Acuellary Services - Room and Bound 0144 0 of nems 0 0 50 50 50 50 0 | | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Anceillary Services - Room and Board 0144 | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inputient Hospital Ancillary Services - Leave of Absence 0183 | Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquitient Hospital Ancillury Services - Medical/Surgical Supplies 0270 0272 | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Radiology 0300-0302, 0305-0307 # of treatments 0 0 0 0 0 0 0 0 0 | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Papatient Hospital Ancillary Services - Radiology 0320 | | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Post | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Papatient Hospital Ancillary Services - Physical Therapy 0420-0424 | ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology Path | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance 0610-0611 | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy 0636 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room O710 | | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Days 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Days 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 # of visits 347 2,966 \$1,017,854 \$2,933 \$343 9 Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 | Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 | | | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | # of visits | 347 | 2,966 | \$1,017,854 | \$2,933 | \$343 | 9 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 Minutes 0 0 \$0 \$0 \$0 \$0 0 | Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Genesee | | wanaa a . | | Unit | | ** | | aa | | *** |
|--|--------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 7 | 7 | \$1,292 | \$185 | \$185 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 23 | 748 | \$35,169 | \$1,529 | \$47 | 33 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 23 | 3,390 | \$157,395 | \$6,843 | \$46 | 147 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 17 | 532 | \$27,576 | \$1,622 | \$52 | 31 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 10 | 52 | \$2,731 | \$273 | \$53 | 5 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 23 | 257 | \$13,033 | \$567 | \$51 | 11 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 21 | 312 | \$16,304 | \$776 | \$52 | 15 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 15 | 28 | \$2,387 | \$159 | \$85 | 2 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 5 | 6 | \$444 | \$89 | \$74 | 1 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 255 | 993 | \$53,805 | \$211 | \$54 | 4 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 43 | 43 | \$38,455 | \$894 | \$894 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 358 | 367 | \$143,794 | \$402 | \$392 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Genesee | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 208 | 497 | \$118,285 | \$569 | \$238 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 313 | 797 | \$199,094 | \$636 | \$250 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 530 | 2,359 | \$600,133 | \$1,132 | \$254 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 132 | 277 | \$110,116 | \$834 | \$398 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 138 | 252 | \$135,603 | \$983 | \$538 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 19 | 53 | \$1,614 | \$85 | \$30 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Genesee | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 2 | 10 | \$1,145 | \$572 | \$114 | 5 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 31 | 78 | \$8,428 | \$272 | \$108 | 3 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 14 | 14 | \$1,162 | \$83 | \$83 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 9 | 9 | \$603 | \$67 | \$67 | 1 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 22 | 22 | \$1,197 | \$54 | \$54 | 1 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 27 | 65 | \$3,468 | \$128 | \$53 | 2 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 3 | 8 | \$100 | \$33 | \$12 | 3 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Genesee | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective $1/1/19$) | | 97151 | U5 | 15 Minutes | 28 | 250 | \$6,908 | \$247 | \$28 | 9 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 34 | 32,285 | \$666,144 | \$19,592 | \$21 | 950 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 17 | 4,443 | \$115,346 | \$6,785 | \$26 | 261 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 32 | 4,525 | \$123,994 | \$3,875 | \$27 | 141 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 23 | 220 | \$5,899 | \$256 | \$27 | 10 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 7 | 49 | \$1,264 | \$181 | \$26 | 7 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | - | Encounter | 1 | 1 | \$62 | \$62 | \$62 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | · | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Genesee Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | | | | | | | | | | |
| New Patient Evaluation and Management | | 99203 | | Encounter | 1 | 1 | \$91 | \$91 | \$91 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 1 | 1 | \$136 | \$136 | \$136 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 39 | 41 | \$1,825 | \$47 | \$45 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 533 | 1,562 | \$154,806 | \$290 | \$99 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 727 | 2,466 | \$486,880 | \$670 | \$197 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 77 | 103 | \$40,199 | \$522 | \$390 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Genesee | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 1 | 42 | \$148 | \$148 | \$4 | 42 |

Children with Serious Emotional Disturbance

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| Genesee | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 2 | 10 | \$5,349 | \$2,674 | \$535 | 5 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 623 | 646 | \$259,935 | \$417 | \$402 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 132 | 181 | \$93,660 | \$710 | \$517 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 3 | 6 | \$4,337 | \$1,446 | \$723 | 2 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 284 | 38,190 | \$2,589,167 | \$9,117 | \$68 | 134 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 36 | 77 | \$28,376 | \$788 | \$369 | 2 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Genesee | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 135 | 813 | \$144,035 | \$1,067 | \$177 | 6 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 35 | 38,073 | \$180,390 | \$5,154 | \$5 | 1,088 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 20 | 1,113 | \$48,063 | \$2,403 | \$43 | 56 |
| Behavior Services | | H2019 | TT | Days | 15 | 1,632 | \$54,659 | \$3,644 | \$33 | 109 |
| Wraparound | | H2021 | | 15 minutes | 65 | 3,532 | \$487,723 | \$7,503 | \$138 | 54 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 35 | 601 | \$419,342 | \$11,981 | \$698 | 17 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 28 | 3,101 | \$529,262 | \$18,902 | \$171 | 111 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Genesee | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|---------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 99 | 339 | \$194,354 | \$1,963 | \$573 | 3 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 57 | 792 | \$200,081 | \$3,510 | \$253 | 14 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 1 | 2 | \$340 | \$340 | \$170 | 2 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 382 | 215,556 | \$861,826 | \$2,256 | \$4 | 564 |
| Respite Care | | T1005 | TD | Encounter | 1 | 838 | \$3,262 | \$3,262 | \$4 | 838 |
| Respite Care | | T1005 | TE | Encounter | 1 | 203 | \$674 | \$674 | \$3 | 203 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 26 | 5,331 | \$16,727 | \$643 | \$3 | 205 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 761 | 6,135 | \$381,805 | \$502 | \$62 | 8 |
| Targeted Case Management | | T1017 | | Encounter | 1,285 | 51,462 | \$2,867,743 | \$2,232 | \$56 | 40 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 2 | 2 | \$3,986 | \$1,993 | \$1,993 | 1 |

Children with Serious Emotional Disturbance

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| Genesee | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|--------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | · | · | · | · | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 2,102 | | \$15,831,407 | | | |

Children with Serious Emotional Disturbance

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| Gogebic | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 1 | 6 | \$8,369 | \$8,369 | \$1,395 | 6 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 3 | 21 | \$29,293 | \$9,764 | \$1,395 | 7 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Gogebic | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | - | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | · | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 15 | 15 | \$18,410 | \$1,227 | \$1,227 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Gogebic | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 4 | 10 | \$1,082 | \$271 | \$108 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 4 | 20 | \$3,374 | \$844 | \$169 | 5 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 6 | 49 | \$10,876 | \$1,813 | \$222 | 8 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 2 | 4 | \$553 | \$277 | \$138 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 4 | 12 | \$2,823 | \$706 | \$235 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | • | | | | • | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gogebic | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | - | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gogebic | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | | Wodiller | Measure | | | | | | |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gogebic Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|------------|-----------|
| Substance Use Disorder: New Patient Evaluation and | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Evaluation and | | 99202 | 111 | Encounter | Ü | Ü | 30 | 30 | 3 0 | |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 30 | 83 | \$45,324 | \$1,511 | \$546 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 3 | 11 | \$9,346 | \$3,115 | \$850 | 4 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Part | Gogebic | | | | Unit | | | | | | |
|---|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Subsmine the Disorder Physician Consolations 9524 HF 35 Manters 0 0 50 50 50 50 50 50 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance (no Denocker Processor (normalisations) 9255 14F 45 Minutes 0 0 90 90 90 90 90 90 | Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Name Packing Services condustrian and management 95194 10 Manters 0 0 510 50 50 50 50 50 | Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Name Packing Services evaluation and management 99305 13 Maneres 0 0 30 30 30 30 30 30 | Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Security Ferrices evaluation and munagement 99906 25 minutes 0 0 50 50 50 50 0 0 0 | Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Second Part Part | Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Naming Pacility Services evaluation and management 95006 Excounter 0 0 0 50 50 50 50 00 Narios pecially Services evaluation and management 9500 Excounter 0 0 0 50 50 50 50 00 Narios pecially Services evaluation and management 9510 Excounter 0 0 0 50 50 50 50 50 50 Assessment 95214 Excounter 0 0 0 50 50 50 50 50 50 Assessment 95224 Excounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Norsing Ficulity Services evaluation and management 99309 Encounter 0 0 0 50 50 50 50 0 0 Norsing Ficulity Services evaluation and management 99310 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Number Fieldly Services evaluation and management 99310 Eacouster 0 0 50 50 50 50 0 | Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99324 Eacounter 0 0 0 50 50 50 50 50 0 0 Assessment 99325 Encounter 0 0 0 50 50 50 50 50 0 0 Assessment 99327 Eacounter 0 0 0 50 50 50 50 50 50 50 Assessment 99327 Eacounter 0 0 0 50 50 50 50 50 50 50 Assessment 99328 Encounter 0 0 0 50 50 50 50 50 50 50 50 Assessment 99338 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99325 Bincounter 0 0 0 50 50 50 50 50 0 0 Assessment 99376 Bincounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99326 Encounter 0 0 80 80 80 0 Assessment 99527 Encounter 0 0 80 80 80 0 Assessment 99328 Encounter 0 0 80 80 80 0 Assessment 99334 Encounter 0 0 80 80 80 80 0 Assessment 99337 Encounter 0 0 80 | Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99328 Encounter 0 0 0 50 50 50 50 0 0 Assessment 99334 Encounter 0 0 0 50 50 50 50 0 0 Assessment 99335 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99334 Encounter 0 0 \$0 | Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99335 | Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99336 Encounter 0 0 50 50 50 0 | Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99337 Encounter 0 0 \$0 | Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99341 Encounter 0 0 50 50 50 50 0 | Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99342 Encounter 0 0 SO SO SO O Assessment 99343 Encounter 0 0 SO SO SO SO O Assessment 99344 Encounter 0 0 SO SO <th< td=""><td>Assessment</td><td></td><td>99337</td><td></td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<> | Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99343 Encounter 0 0 0 50 50 50 0 | Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99344 Encounter 0 0 50 50 50 0 | Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99345 Encounter 0 0 \$0 | Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99347 Encounter 0 0 50 50 50 0 Assessment 99348 Encounter 0 0 50 50 50 0 Assessment 99349 15 Minutes 0 0 50 50 50 0 Assessment 99350 Per mile 0 0 50 50 50 0 Medication Administration 99506 Per mile 0 0 50 50 50 0 Medication Management 99605 Per one-way trip 0 0 50 50 50 0 Transportation A0080 Per one-way trip 0 0 50 50 50 50 0 Transportation A0100 Per one-way trip 0 0 50 50 50 0 Substance Use Disorder: Transportation A0110 HF Per one-way trip 0 0 50 50 50 0 | Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99348 Encounter 0 0 50 50 50 0 Assessment 99349 15 Minutes 0 0 50 50 50 0 Assessment 99350 Per mile 0 0 50 50 50 0 Medication Administration 99506 Per mile 0 0 50 50 50 0 Medication Management 99605 Per one-way trip 0 0 50 50 50 50 0 Transportation A0080 Per one-way trip 0 0 50 50 50 50 0 Transportation A0100 Per one-way trip 0 0 50 50 50 50 0 Substance Use Disorder: Transportation A0110 Per one-way trip 0 0 50 50 50 50 50 50 50 50 50 50 50 50 50 | Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99349 15 Minutes 0 0 50 50 \$0 0 Assessment 99350 Per mile 0 0 50 \$0 \$0 0 Medication Administration 99506 Per mile 0 0 \$0 <td>Assessment</td> <td></td> <td>99347</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 99350 Per mile 0 0 50 \$0 | Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration 99506 Per mile 0 0 \$0 | Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management 99605 Per one-way trip 0 0 \$0 | Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0080 Per one-way trip 0 0 \$0 | Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0090 Per one-way trip 0 0 \$0 | Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0100 Per one-way trip 0 0 \$0 | Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation A0100 HF Per one-way trip 0 0 \$0 | Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0110 Per one-way trip 0 0 \$0 | Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation A0110 HF Per one-way trip 0 0 \$0 | Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0120 0 0 \$0 \$0 \$0 \$0 \$0 | Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0130 Per Mile 0 0 \$0 </td <td>Transportation</td> <td></td> <td>A0120</td> <td></td> <td></td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0140 Refer to code descriptions. 0 0 \$0 <td>Transportation</td> <td></td> <td>A0140</td> <td></td> <td>Refer to code descriptions.</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation A0170 Items 0 0 \$0 | Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation A0425 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gogebic | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 1 | 1 | \$221 | \$221 | \$221 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 10 | 11 | \$3,433 | \$343 | \$312 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 1 | 1 | \$312 | \$312 | \$312 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 33 | 42 | \$6,843 | \$207 | \$163 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 24 | 2,923 | \$248,036 | \$10,335 | \$85 | 122 |
| Home Based Services | | H0036 | ST | 15 Minutes | 2 | 7 | \$613 | \$307 | \$88 | 4 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 4 | 68 | \$1,558 | \$390 | \$23 | 17 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gogebic | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | C |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | C |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Crisis Intervention | | H2011 | | 15 Minutes | 24 | 132 | \$19,157 | \$798 | \$145 | Ć |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | C |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 1 | 28 | \$300 | \$300 | \$11 | 28 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Wraparound | | H2021 | | 15 minutes | 4 | 218 | \$18,309 | \$4,577 | \$84 | 55 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | C |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | C |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | C |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 34 | 96 | \$1,263 | \$37 | \$13 | 3 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gogebic | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 3 | 27 | \$8,334 | \$2,778 | \$309 | 9 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 13 | 127 | \$50,465 | \$3,882 | \$397 | 10 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 3 | 165 | \$14,067 | \$4,689 | \$85 | 55 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 4 | 2,336 | \$10,511 | \$2,628 | \$4 | 584 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 1 | 10 | \$742 | \$742 | \$74 | 10 |
| Targeted Case Management | | T1017 | | Encounter | 49 | 1,748 | \$132,756 | \$2,709 | \$76 | 36 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 6 | 7 | \$4,281 | \$714 | \$612 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gogebic | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 6 | 35 | \$1,384 | \$231 | \$40 | 6 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 84 | | \$652,035 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gratiot | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 18 | 157 | \$376,662 | \$20,926 | \$2,399 | 9 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 10 | 73 | \$25,124 | \$2,512 | \$344 | 7 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Part | Gratiot | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Mathianal Calaba-ECT Ascentions 1901 1903 191 1904 1904 19 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Million of Obeshell Characterior 1991 1903 1903 1904 1905 | Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Max Desire Humifunian Austones Humifunian Autones Humifunian Autones Humifunian Politones palacement (reporting uses of per 15) 0.051 0. | Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| March Relations Galery G | Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marie Marker FLIPP Marie Marker | | | 0359T | U5 | | 2 | 2 | \$690 | \$345 | \$345 | 1 |
| Mathesive DIAPS | | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marchasper Featment (Nore code retired 1221/18) | | | 0362T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Adaptive Treatment (Note: code retired 1231/8) | | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ANA Crops Adaptive Behavior Treatment (Note: code retired 2014) 18 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Manuary Manu | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA C Risated Deervation and Direction of Adaptive Behavior 1968T 1958 | | | 0366T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Restinent/Note: code retined 12/31/18/ ABA Clainsal Observation and Direction of Adaptive Behavior 0.867 | | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pattern (Note: code retinal D/31/18) 18 18 18 18 18 18 18 | | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 2071 10 | | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: 0372T 15 Each Additional 30 0 0 0 0 0 0 0 0 0 | | | 0370T | U5 | First 60 Minutes | 1 | 1 | \$115 | \$115 | \$115 | 1 |
| Minutes Minu | | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per I for mitter effective I/I/I9 - see new line below) ABA Exposure Adaptive Behavior Treatment (Reporting units of per I for mitter effective I/I/I9 - Fencounter Fencou | | | 0372T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per 15 minutes effective 17/19 ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18 Prug Screen | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prug Screen 80305 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 \$0 \$0 \$0 Drug Screen 80307 Encounter 0 0 \$0 \$0 \$0 Interactive Complexity - Add On Code 90785 Encounter 18 199 \$15,582 \$866 \$78 Assessment for Autism 90785 U5 Encounter 0 0 \$0 | | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 50 50 50 Interactive Complexity - Add On Code 90785 Encounter 18 199 \$15,582 \$866 \$78 Assessment for Autism 90785 U5 Encounter 0 0 \$0 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Hereactive Complexity - Add On Code 90785 Encounter 18 199 \$15,582 \$866 \$78 | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 Assessment 90791 HF Encounter 0 0 50 50 50 Substance Use: Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 30 Minutes 19 19 55,487 \$289 \$289 Substance Use: Assessment 90792 HF 30 Minutes 0 0 50 50 50 50 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 Assessment 90791 HF Encounter 0 0 50 50 50 Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 Assessment 90792 30 Minutes 19 19 \$5,487 \$289 \$289 Substance Use: Assessment 90792 HF 30 Minutes 0 0 50 \$0 \$0 | Interactive Complexity - Add On Code | | 90785 | | Encounter | 18 | 199 | \$15,582 | \$866 | \$78 | 11 |
| Assessment 90791 Encounter 0 0 50 50 50 Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 Assessment for Autism 90791 U5 Encounter 0 0 50 50 \$0 Assessment 90792 30 Minutes 19 19 \$5,487 \$289 \$289 Substance Use: Assessment 90792 HF 30 Minutes 0 0 50 \$0 \$0 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90792 30 Minutes 19 19 \$5,487 \$289 \$289 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 50 \$0 \$0 Assessment 90792 30 Minutes 19 19 \$5,487 \$289 \$289 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90792 30 Minutes 19 19 \$5,487 \$289 \$289 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90792 | | 30 Minutes | 19 | 19 | \$5,487 | \$289 | \$289 | 1 |
| Assessment for Autism 90792 U5 30 Minutes 0 0 80 \$0 \$0 | Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gratiot | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 44 | 97 | \$10,890 | \$248 | \$112 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 84 | 570 | \$79,878 | \$951 | \$140 | 7 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 95 | 358 | \$70,147 | \$738 | \$196 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 11 | 20 | \$3,107 | \$282 | \$155 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 9 | 24 | \$3,640 | \$404 | \$152 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 20 | 112 | \$13,714 | \$686 | \$122 | 6 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gratiot | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 2 | 9 | \$976 | \$488 | \$108 | 5 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 2 | 2 | \$546 | \$273 | \$273 | 1 |
| Assessment for Autism | | 96130 | U5 | First Hour | 14 | 14 | \$1,825 | \$130 | \$130 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 1 | 3 | \$643 | \$643 | \$214 | 3 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 4 | 16 | \$2,250 | \$563 | \$141 | 4 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 1 | 1 | \$118 | \$118 | \$118 | 1 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 1 | 1 | \$118 | \$118 | \$118 | 1 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 1 | 2 | \$115 | \$115 | \$58 | 2 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gratiot | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 8 | 54 | \$3,951 | \$494 | \$73 | 7 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 8 | 2,994 | \$88,447 | \$11,056 | \$30 | 374 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 7 | 367 | \$16,714 | \$2,388 | \$46 | 52 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 3 | 79 | \$3,576 | \$1,192 | \$45 | 26 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 5 | 5 | \$1,023 | \$205 | \$205 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 1 | 2 | \$71 | \$71 | \$36 | 2 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 1 | 12 | \$403 | \$403 | \$34 | 12 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | - | · | | · | | | | | - | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gratiot | Revenue Code | HCPCS Code | Madifian | Unit | Cases | Units | Cost | Cost/Case | Coat/Unit | Unit/Case |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | | Modifier | Measure | | | | | Cost/Unit | |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 1 | 1 | \$59 | \$59 | \$59 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 16 | 22 | \$2,518 | \$157 | \$114 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 35 | 88 | \$13,496 | \$386 | \$153 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 6 | 8 | \$1,577 | \$263 | \$197 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gratiot | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gratiot | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 186 | 200 | \$38,562 | \$207 | \$193 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 299 | 317 | \$44,810 | \$150 | \$141 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 267 | 409 | \$48,586 | \$182 | \$119 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 98 | 6,978 | \$233,212 | \$2,380 | \$33 | 71 |
| Home Based Services | | H0036 | ST | 15 Minutes | 8 | 319 | \$10,394 | \$1,299 | \$33 | 40 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | - | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gratiot | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 1 | 2 | \$421 | \$421 | \$211 | 2 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 10 | 21 | \$816 | \$82 | \$39 | 2 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 1 | 314 | \$6,326 | \$6,326 | \$20 | 314 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 43 | 128 | \$11,308 | \$263 | \$88 | 3 |
| Transportation | · | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gratiot | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 2 | 26 | \$4,526 | \$2,263 | \$174 | 13 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 2 | 2,728 | \$49,077 | \$24,539 | \$18 | 1,364 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 13 | 141 | \$4,302 | \$331 | \$31 | 11 |
| Targeted Case Management | | T1017 | | Encounter | 63 | 939 | \$36,033 | \$572 | \$38 | 15 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 64 | 85 | \$6,309 | \$99 | \$74 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Gratiot | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 3 | 14 | \$881 | \$294 | \$63 | 5 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,511 | | \$1,239,025 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Hiawatha | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 5 | 49 | \$41,356 | \$8,271 | \$844 | 10 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 5 | 37 | \$31,227 | \$6,245 | \$844 | 7 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Hiawatha | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | s 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | i | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | i | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 1 | 1 | \$1,070 | \$1,070 | \$1,070 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Hiawatha | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 62 | 97 | \$12,148 | \$196 | \$125 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 144 | 692 | \$137,606 | \$956 | \$199 | 5 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 112 | 516 | \$130,242 | \$1,163 | \$252 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 3 | 4 | \$1,011 | \$337 | \$253 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 1 | 1 | \$253 | \$253 | \$253 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Hiawatha | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 1 | 1 | \$179 | \$179 | \$179 | 1 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | - | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Hiawatha | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$174 | \$174 | \$174 | 1 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Hiawatha Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | | 99202 | ПГ | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 1 | 1 | \$686 | \$686 | \$686 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 25 | 26 | \$28,092 | \$1,124 | \$1,080 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 11 | 12 | \$2,976 | \$271 | \$248 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 69 | 256 | \$91,634 | \$1,328 | \$358 | 4 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 4 | 4 | \$2,582 | \$645 | \$645 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Hiawatha | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Hiawatha | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 6 | 6 | \$879 | \$146 | \$146 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 150 | 158 | \$45,929 | \$306 | \$291 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 175 | 438 | \$55,861 | \$319 | \$128 | 3 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 1 | 6 | \$800 | \$800 | \$133 | 6 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 15 | 918 | \$125,851 | \$8,390 | \$137 | 61 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Hiawatha | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 88 | 474 | \$74,637 | \$848 | \$157 | 5 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 6 | 39 | \$6,142 | \$1,024 | \$157 | 7 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 5 | 587 | \$6,237 | \$1,247 | \$11 | 117 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 2 | 121 | \$17,188 | \$8,594 | \$142 | 61 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | - | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 74 | 302 | \$0 | \$0 | \$0 | 4 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Hiawatha | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 1 | 2 | \$113 | \$113 | \$57 | 2 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 9 | 54 | \$4,046 | \$450 | \$75 | 6 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 14 | 504 | \$68,908 | \$4,922 | \$137 | 36 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 39 | 343 | \$61,758 | \$1,584 | \$180 | 9 |
| Targeted Case Management | | T1017 | | Encounter | 14 | 169 | \$30,046 | \$2,146 | \$178 | 12 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 17 | 21 | \$13,789 | \$811 | \$657 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Hiawatha | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | · | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 287 | | \$993,419 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Huron | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 7 | 66 | \$55,430 | \$7,919 | \$840 | 9 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 25 | 225 | \$188,970 | \$7,559 | \$840 | 9 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 2 | 31 | \$3,738 | \$1,869 | \$121 | 16 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Huron | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | s 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 1 | 1 | \$528 | \$528 | \$528 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | j | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | 5 | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 1 | 21 | \$635 | \$635 | \$30 | 21 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 1 | 103 | \$3,116 | \$3,116 | \$30 | 103 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 1 | 11 | \$514 | \$514 | \$47 | 11 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 61 | 63 | \$75,838 | \$1,243 | \$1,204 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 1 | 1 | \$555 | \$555 | \$555 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Huron | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 32 | 47 | \$5,056 | \$158 | \$108 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 88 | 391 | \$61,395 | \$698 | \$157 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 54 | 201 | \$41,650 | \$771 | \$207 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 3 | 9 | \$388 | \$129 | \$43 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 1 | 1 | \$83 | \$83 | \$83 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 7 | 27 | \$9,466 | \$1,352 | \$351 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | <u>`</u> |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Huron | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 2 | \$700 | \$0 | \$350 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 1 | 21 | \$6,188 | \$6,188 | \$295 | 21 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Huron | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 4 | 31 | \$1,023 | \$256 | \$33 | 8 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 2 | 1,849 | \$27,975 | \$13,988 | \$15 | 925 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 1 | 7 | \$30 | \$30 | \$4 | 7 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 2 | 91 | \$2,349 | \$1,174 | \$26 | 46 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

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| Huron | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 109 | 516 | \$176,174 | \$1,616 | \$341 | 5 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 3 | 5 | \$2,626 | \$875 | \$525 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 3 | 4 | \$3,601 | \$1,200 | \$900 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Huron | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Huron | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 157 | 169 | \$43,581 | \$278 | \$258 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 9 | 10 | \$1,161 | \$129 | \$116 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 123 | 315 | \$40,882 | \$332 | \$130 | 3 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 46 | 58 | \$5,556 | \$121 | \$96 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 19 | 24 | \$6,425 | \$338 | \$268 | 1 |
| Home Based Services | | H0036 | | 15 Minutes | 46 | 6,443 | \$337,197 | \$7,330 | \$52 | 140 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 1 | 8 | \$432 | \$432 | \$54 | 8 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 4 | 15 | \$2,540 | \$635 | \$169 | 4 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 27 | 87 | \$11,723 | \$434 | \$135 | 3 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 8 | 92 | \$12,502 | \$1,563 | \$136 | 12 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 2 | 1,252 | \$3,910 | \$1,955 | \$3 | 626 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 16 | 1,140 | \$90,517 | \$5,657 | \$79 | 71 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Huron | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 1 | 5 | \$1,023 | \$1,023 | \$205 | 5 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 15 | 303 | \$76,885 | \$5,126 | \$254 | 20 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 4 | 4,398 | \$13,894 | \$3,473 | \$3 | 1,100 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 8 | 213 | \$11,357 | \$1,420 | \$53 | 27 |
| Targeted Case Management | | T1017 | | Encounter | 28 | 707 | \$38,389 | \$1,371 | \$54 | 25 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 67 | 139 | \$76,667 | \$1,144 | \$552 | 2 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Huron | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 9 | 54 | \$6,190 | \$688 | \$115 | 6 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | - | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 251 | | \$1,448,857 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Ionia | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 15 | 117 | \$112,606 | \$7,507 | \$962 | 8 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 3 | 29 | \$3,248 | \$1,083 | \$112 | 10 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 2 | 13 | \$10,946 | \$5,473 | \$842 | 7 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 1 | 2 | \$600 | \$600 | \$300 | 2 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 1 | 6 | \$5,202 | \$5,202 | \$867 | 6 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Ionia | | | | Unit | | ** . | | aa | | *** |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Service | es 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 1: minutes effective 1/1/19) | 5 | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 1: minutes effective 1/1/19) | 5 | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 1 | 1 | \$36 | \$36 | \$36 | 1 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 1 | 1 | \$141 | \$141 | \$141 | 1 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 1 | 1 | \$64 | \$64 | \$64 | 1 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 91 | 91 | \$68,809 | \$756 | \$756 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Ionia | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 59 | 92 | \$5,859 | \$99 | \$64 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 80 | 226 | \$23,345 | \$292 | \$103 | 3 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 146 | 737 | \$96,336 | \$660 | \$131 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 35 | 100 | \$9,914 | \$283 | \$99 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 113 | 440 | \$58,310 | \$516 | \$133 | 4 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 18 | 82 | \$4,411 | \$245 | \$54 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | - | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Ionia | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 3 | 4 | \$712 | \$237 | \$178 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 2 | 3 | \$473 | \$237 | \$158 | 2 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 3 | 5 | \$392 | \$131 | \$78 | 2 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 2 | 8 | \$621 | \$311 | \$78 | 4 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 1 | 2 | \$101 | \$101 | \$51 | 2 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Ionia | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 1 | 3 | \$106 | \$106 | \$35 | 3 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 1 | 477 | \$8,523 | \$8,523 | \$18 | 477 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 1 | 90 | \$3,172 | \$3,172 | \$35 | 90 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 1 | 1 | \$215 | \$215 | \$215 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 2 | 2 | \$569 | \$285 | \$285 | 1 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 4 | 86 | \$7,901 | \$1,975 | \$92 | 22 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 1 | 6 | \$543 | \$543 | \$91 | 6 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 1 | 1 | \$211 | \$211 | \$211 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 1 | 1 | \$817 | \$817 | \$817 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 72 | 107 | \$20,429 | \$284 | \$191 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 114 | 367 | \$144,508 | \$1,268 | \$394 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 48 | 70 | \$35,578 | \$741 | \$508 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 1 | 1 | \$224 | \$224 | \$224 | 1 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 1 | 1 | \$100 | \$100 | \$100 | 1 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 1 | 3 | \$358 | \$358 | \$119 | 3 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 1 | 1 | \$172 | \$172 | \$172 | 1 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 1 | 1 | \$118 | \$118 | \$118 | 1 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 1 | 1 | \$207 | \$207 | \$207 | 1 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 494 | 541 | \$224,299 | \$454 | \$415 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 4 | 30 | \$12,532 | \$3,133 | \$418 | 8 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 284 | 473 | \$100,494 | \$354 | \$212 | 2 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 168 | 275 | \$27,829 | \$166 | \$101 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 216 | 11,844 | \$937,325 | \$4,339 | \$79 | 55 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | - | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | - | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 1 | 1 | \$390 | \$390 | \$390 | 1 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 19 | 79 | \$6,881 | \$362 | \$87 | 4 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 3 | 1,272 | \$6,617 | \$2,206 | \$5 | 424 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 22 | 12,080 | \$98,840 | \$4,493 | \$8 | 549 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 43 | 300 | \$50,343 | \$1,171 | \$168 | 7 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 1 | 2 | \$336 | \$336 | \$168 | 2 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 4 | 30 | \$826 | \$207 | \$28 | 8 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 24 | 25 | \$2,805 | \$117 | \$112 | 1 |
| Health Services | | T1002 | | 15 Minutes | 75 | 158 | \$8,120 | \$108 | \$51 | 2 |
| Respite Care | | T1005 | | 15 minutes | 17 | 9,667 | \$36,323 | \$2,137 | \$4 | 569 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 38 | 1,066 | \$77,553 | \$2,041 | \$73 | 28 |
| Targeted Case Management | | T1017 | | Encounter | 31 | 364 | \$24,776 | \$799 | \$68 | 12 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 61 | 84 | \$49,328 | \$809 | \$587 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Ionia | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 4 | 7 | \$1,863 | \$466 | \$266 | 2 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 2 | 16 | \$1,830 | \$915 | \$114 | 8 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 5 | 40 | \$4,516 | \$903 | \$113 | 8 |
| Respite Care | | T2037 | | Per Item | 1 | 1 | \$201 | \$201 | \$201 | 1 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 685 | | \$2,299,904 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Kalamazoo | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 9 | 128 | \$92,759 | \$10,307 | \$725 | 14 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 2 | 27 | \$26,449 | \$13,225 | \$980 | 14 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 29 | 201 | \$161,096 | \$5,555 | \$801 | 7 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Kalamazoo | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 2 | 2 | \$883 | \$442 | \$442 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 1 | 2 | \$62 | \$62 | \$31 | 2 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 3 | 129 | \$5,188 | \$1,729 | \$40 | 43 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 3 | 786 | \$31,612 | \$10,537 | \$40 | 262 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 1 | 19 | \$403 | \$403 | \$21 | 19 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 1 | 57 | \$1,209 | \$1,209 | \$21 | 57 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 4 | 57 | \$5,320 | \$1,330 | \$93 | 14 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 4 | 56 | \$5,224 | \$1,306 | \$93 | 14 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 2 | 4 | \$327 | \$163 | \$82 | 2 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 1 | 211 | \$5,953 | \$5,953 | \$28 | 211 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 391 | 405 | \$136,693 | \$350 | \$338 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 21 | 21 | \$7,544 | \$359 | \$359 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Kalamazoo | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 72 | 183 | \$31,367 | \$436 | \$171 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 171 | 1,051 | \$226,840 | \$1,327 | \$216 | 6 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 56 | 200 | \$40,677 | \$726 | \$203 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 25 | 140 | \$40,048 | \$1,602 | \$286 | 6 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 43 | 158 | \$36,939 | \$859 | \$234 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 28 | 94 | \$14,721 | \$526 | \$157 | 3 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 7 | 22 | \$2,500 | \$357 | \$114 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1 | | | | | ~ | - | 77 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Kalamazoo | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 1 | 1 | \$62 | \$62 | \$62 | 1 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 23 | 1,072 | \$21,721 | \$944 | \$20 | 47 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 24 | 1,131 | \$20,413 | \$851 | \$18 | 47 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Kalamazoo | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 5 | 37 | \$1,489 | \$298 | \$40 | 7 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 7 | 6,101 | \$68,694 | \$9,813 | \$11 | 872 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 2 | 177 | \$699 | \$349 | \$4 | 89 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 7 | 759 | \$20,942 | \$2,992 | \$28 | 108 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 5 | 67 | \$1,570 | \$314 | \$23 | 13 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 1 | 27 | \$449 | \$449 | \$17 | 27 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 1 | 25 | \$230 | \$230 | \$9 | 25 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$90 | \$90 | \$90 | 1 |
| Occupational Therapy | | 97166 | | 15 Minutes | 3 | 3 | \$405 | \$135 | \$135 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 23 | 41 | \$3,640 | \$158 | \$89 | 2 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 1 | 73 | \$1,532 | \$1,532 | \$21 | 73 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 1 | 8 | \$129 | \$129 | \$16 | 8 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 1 | 1 | \$61 | \$61 | \$61 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 1 | 1 | \$113 | \$113 | \$113 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Kalamazoo | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 1 | 1 | \$181 | \$181 | \$181 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 5 | 5 | \$1,366 | \$273 | \$273 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 31 | 31 | \$11,249 | \$363 | \$363 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 3 | 3 | \$186 | \$62 | \$62 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 78 | 147 | \$13,359 | \$171 | \$91 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 122 | 205 | \$30,681 | \$251 | \$150 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 135 | 437 | \$102,061 | \$756 | \$234 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 22 | 23 | \$2,008 | \$91 | \$87 | 1 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 10 | 10 | \$941 | \$94 | \$94 | 1 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 3 | 3 | \$308 | \$103 | \$103 | 1 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 29 | 103 | \$9,430 | \$325 | \$92 | 4 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 17 | 33 | \$3,137 | \$185 | \$95 | 2 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 23 | 30 | \$2,772 | \$121 | \$92 | 1 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 9 | 9 | \$923 | \$103 | \$103 | 1 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 4 | 4 | \$410 | \$103 | \$103 | 1 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Kalamazoo | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Kalamazoo | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 17 | 35 | \$7,587 | \$446 | \$217 | 2 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 18 | 66 | \$42,301 | \$2,350 | \$641 | 4 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 263 | 539 | \$233,166 | \$887 | \$433 | 2 |
| Assessment | | H0031 | | Encounter | 32 | 32 | \$5,384 | \$168 | \$168 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 33 | 43 | \$26,407 | \$800 | \$614 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 245 | 648 | \$71,089 | \$290 | \$110 | 3 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 267 | 29,993 | \$1,217,615 | \$4,560 | \$41 | 112 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 32 | 1,456 | \$94,118 | \$2,941 | \$65 | 46 |
| Peer Directed and Operated Support Services | - | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | - | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | - | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 1 | 2 | \$133 | \$133 | \$67 | 2 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Kalamazoo | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 2 | 6 | \$98 | \$49 | \$16 | 3 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 2 | 18 | \$7,808 | \$3,904 | \$434 | 9 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 361 | 4,288 | \$122,199 | \$339 | \$28 | 12 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 12 | 7,649 | \$23,532 | \$1,961 | \$3 | 637 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 4 | 32 | \$1,589 | \$397 | \$50 | 8 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 32 | 4,130 | \$62,095 | \$1,940 | \$15 | 129 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 11 | 715 | \$23,346 | \$2,122 | \$33 | 65 |
| Behavior Services | | H2019 | TT | Days | 6 | 584 | \$4,372 | \$729 | \$7 | 97 |
| Wraparound | | H2021 | | 15 minutes | 121 | 5,229 | \$504,334 | \$4,168 | \$96 | 43 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 23 | 2,195 | \$106,901 | \$4,648 | \$49 | 95 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | · | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 136 | 1,800 | \$537,612 | \$3,953 | \$299 | 13 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 2 | 2 | \$491 | \$245 | \$245 | 1 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 1 | 1 | \$34 | \$34 | \$34 | 1 |
| Respite Care | | T1005 | | 15 minutes | 5 | 1,194 | \$4,722 | \$944 | \$4 | 239 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 50 | 13,533 | \$59,388 | \$1,188 | \$4 | 271 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 21 | 315 | \$32,865 | \$1,565 | \$104 | 15 |
| Targeted Case Management | | T1017 | | Encounter | 222 | 5,424 | \$502,895 | \$2,265 | \$93 | 24 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 21 | 29 | \$6,840 | \$326 | \$236 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Kalamazoo | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,274 | | \$4,893,985 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lapeer | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 15 | 118 | \$83,849 | \$5,590 | \$711 | 8 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 1 | 11 | \$7,816 | \$7,816 | \$711 | 11 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 21 | 219 | \$155,619 | \$7,410 | \$711 | 10 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 2 | 7 | \$4,974 | \$2,487 | \$711 | 4 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$47,609 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | - |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Proposed Revenue Code INCRS Code Monitor Monitors Code Monitor Code Monitor Code Monitor Code Cod | Lapeer | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Machines Class-Set7 Assertation 1918 1 | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Color-sett Assessment (Process of entired 1971 1972 1 | Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | | | | | | 0 |
| ABA Desirable Pentinenten Assessment (Spering units of per 15 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.5 10.97 10.9 10. | Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marcian | | | 0359T | U5 | | 1 | 1 | \$329 | \$329 | \$329 | 1 |
| Manual Salak Relativas In Diversion (Nite: code retired 0.945T 0.95 Fach Additional 30 3 39 31.48 34.09 35.58 32.00 30.0 | | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Path | | | 0362T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ManA Adaptive Plantment (Note: onde retined 1211/18) | | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Chargos Relaptive Relativist Treatment (Note: code retired 123/11/8) U5 Each Additional 30 U5 Encounter U5 U5 Encounter U5 Encounter U5 U5 U5 U5 U5 U5 U5 U | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | | 3 | 39 | \$1,348 | \$449 | \$35 | 13 |
| | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 3 | 164 | \$5,666 | \$1,889 | \$35 | 55 |
| 12311/8 1368 136 | | | 0366T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pentament (Note: code retired 12/31/18) | | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peatment(Note: code retired 12/31/18) | | | 0368T | U5 | Encounter | 2 | 6 | \$276 | \$138 | \$46 | 3 |
| ABA Family Behavior Treatment Guidance(Note: code retired 0.371T U5 Per 15 Minutes 0 0 0 S0 S0 S0 20 12/31/18) | | | 0369T | U5 | Encounter | 2 | 6 | \$280 | \$140 | \$47 | 3 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: 0372T U5 Each Additional 30 0 0 0 S0 S0 S0 S0 Code retired [1231/18) | | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes Minutes ABA Exposure Adaptive Behavior Treatment (reporting units of changed effective 11/19 - see new line below) Single Single | | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19 Security Se | | | 0372T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per 15 minutes effective 11/19 ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18 Trug Screen | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Page 1 19/2 | | | 0373T | U5 | Encounter | 1 | 5 | \$129 | \$129 | \$26 | 5 |
| Drug Screen 80306 Encounter 0 0 50 \$0 \$0 Drug Screen 80307 Encounter 0 0 50 \$0 \$0 Interactive Complexity - Add On Code 90785 Encounter 0 0 \$0 | | | 0374T | U5 | Encounter | 1 | 31 | \$1,072 | \$1,072 | \$35 | 31 |
| Drug Screen 80307 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code 90785 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 \$0 \$0 \$0 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 \$0 \$0 Assessment 90791 Encounter 10 10 \$3,912 \$391 \$391 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90792 30 Minutes 61 61 \$21,052 \$345 \$345 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 \$0 \$0 Assessment 90791 Encounter 10 10 \$3,912 \$391 \$391 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 \$0 \$0 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 Assessment 90792 30 Minutes 61 61 \$21,052 \$345 \$345 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 Encounter 10 10 \$3,912 \$391 \$391 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 \$0 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90792 30 Minutes 61 61 \$21,052 \$345 \$345 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90792 30 Minutes 61 61 \$21,052 \$345 \$345 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 10 | 10 | \$3,912 | \$391 | \$391 | 1 |
| Assessment 90792 30 Minutes 61 61 \$21,052 \$345 \$345 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90792 | | 30 Minutes | 61 | 61 | \$21,052 | \$345 | \$345 | 1 |
| Assessment for Autism 90792 U5 30 Minutes 0 0 \$0 \$0 \$0 | Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lapeer | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 46 | 72 | \$8,565 | \$186 | \$119 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 91 | 325 | \$59,983 | \$659 | \$185 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 99 | 503 | \$121,728 | \$1,230 | \$242 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 26 | 47 | \$8,836 | \$340 | \$188 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 109 | 592 | \$94,859 | \$870 | \$160 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | - | | | - | - | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lapeer | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lapeer | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 2 | 16 | \$401 | \$200 | \$25 | 8 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 3 | 1,770 | \$30,597 | \$10,199 | \$17 | 590 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 3 | 171 | \$4,951 | \$1,650 | \$29 | 57 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 3 | 7 | \$212 | \$71 | \$30 | 2 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Part | Lapeer | | | | Unit | | | | | | |
|---|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| None | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Section Sect | Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Non-prient Non-prient Non-prient Polateria and Management 9204 Pa Baceare 0 0 0 0 0 0 0 0 0 | New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Submangement Powlaterian and Management 9900 9700 | Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Name Profession and Management 9205 Bacourage 1 1 8335 33355 33355 33355 33355 33355 33355 33355 33355 33355 33355 33355 33355 333 | New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Selection Company Co | Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | New Patient Evaluation and Management | | 99205 | | Encounter | 1 | 1 | \$333 | \$333 | \$333 | 1 |
| Selection of the Disorder: Established Patient Evaluation and Management 9211 | Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Subs | Established Patient Evaluation and Management | | 99211 | | Encounter | 1 | 1 | \$31 | \$31 | \$31 | 1 |
| Selection Property Property | Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Stabbished Pairent Evaluation and Management 9921 Facounter 31 67 \$6,134 \$198 \$92 | Established Patient Evaluation and Management | | 99212 | | Encounter | 3 | 3 | \$186 | \$62 | \$62 | 1 |
| Subtance Abuse: Established Patient Evaluation and Management 99214 Encounter 116 256 \$39,325 3253 5115 Substance (Abuser) Established Patient Evaluation and Management 99214 HF 30 Minutes 30 Minute | Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management 99214 | Established Patient Evaluation and Management | | 99213 | | Encounter | 31 | 67 | \$6,134 | \$198 | \$92 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management 9214 HF 30 Minutes 0 0 \$0 \$0 \$0 Exablished Patient Evaluation and Management 99215 50 Minutes 136 472 \$67,676 \$498 \$143 Substance Use Disorder: Established Patient Evaluation and Management 99215 HF 70 Minutes 0 0 \$0 | Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Stabbished Patient Evaluation and Management 9215 150 Minutes 136 472 867.676 8498 8143 8155 81 | Established Patient Evaluation and Management | | 99214 | | Encounter | 116 | 256 | \$29,325 | \$253 | \$115 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Additional Codes-Physician Services 99221 15 Minutes 0 0 \$0 | Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 136 | 472 | \$67,676 | \$498 | \$143 | 3 |
| Additional Codes-Physician Services 99222 25 minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99225 25 minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99226 35 Minutes 0 0 \$ | Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 < 30 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99232 > 30 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99233 15 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99238 30 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99239 40 Minutes 0 0 50 50 50 Additional Codes-Physician Consultations 99241 HF 60 Minutes 0 0 50 50 50 Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 50 50 50 Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 50 50 50 Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 50 50 50 Substance Use Disorder: Physician Consultations | Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99232 > 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99233 15 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99238 30 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99239 40 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99241 HF 60 Minutes 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 < | Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 50 \$0 \$0 Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99252 HF 110 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lapeer | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lapeer | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 3 | 30 | \$13,237 | \$4,412 | \$441 | 10 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 210 | 217 | \$67,268 | \$320 | \$310 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 9 | 9 | \$406 | \$45 | \$45 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 176 | 284 | \$51,795 | \$294 | \$182 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 60 | 61 | \$11,411 | \$190 | \$187 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 13 | 708 | \$114,609 | \$8,816 | \$162 | 54 |
| Home Based Services | | H0036 | ST | 15 Minutes | 1 | 66 | \$10,684 | \$10,684 | \$162 | 66 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 3 | 19 | \$1,207 | \$402 | \$64 | 6 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lapeer | | | | Unit | | | | | | |
|---|---------------------------------------|------------|---------------------------------------|-------------|-------|-------|-----------|---------------------------------------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 10 | 33 | \$2,169 | \$217 | \$66 | 3 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 5 | 55 | \$3,350 | \$670 | \$61 | 11 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 24 | 2,691 | \$15,400 | \$642 | \$6 | 112 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 2 | 135 | \$7,393 | \$3,697 | \$55 | 68 |
| Behavior Services | | H2019 | TT | Days | 2 | 216 | \$11,226 | \$5,613 | \$52 | 108 |
| Wraparound | | H2021 | | 15 minutes | 2 | 44 | \$1,961 | \$980 | \$45 | 22 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 168 | 841 | \$127,728 | \$760 | \$152 | 5 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | | | | · · · · · · · · · · · · · · · · · · · | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lapeer | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 39 | 468 | \$109,883 | \$2,818 | \$235 | 12 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 9 | 320 | \$14,235 | \$1,582 | \$44 | 36 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 121 | 3,768 | \$330,730 | \$2,733 | \$88 | 31 |
| Targeted Case Management | | T1017 | | Encounter | 1 | 2 | \$172 | \$172 | \$86 | 2 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 56 | 76 | \$15,999 | \$286 | \$211 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lapeer | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 1 | 7 | \$664 | \$664 | \$95 | 7 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | · | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | · | - | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 325 | | \$1,679,275 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Part Part | Lenawee | | | | Unit | | | | | | |
|---|--|---------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Pace Papelarie Ringerial MDP Prohiphysican cost enclated 014, 012, 013, 0154 Pf68 Days 0 0 0 58 59 50 0 0 0 0 0 0 0 0 | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 23 | 238 | \$211,651 | \$9,202 | \$889 | 10 |
| | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part Part | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part Part | | 0100 | | PT73 | Days | 9 | 64 | \$53,304 | \$5,923 | \$833 | 7 |
| Coach Pecchinaris Hospital Acotto Community PT3 Days 0 0 0 0 0 0 0 0 0 | | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| PT68 | | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decal Popularian Hospital Accultary Services - Robinson and Board 144 | | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquisitent Hospital Auxillary Services - Room and Roard 0.144 | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Leave of Absence 0.183 | Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inputient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical Surgical Supplies 0270 0272 | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Radiology | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Papatient Hospital Ancillary Services - Radiology | | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424 | ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance 0610-0611 | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy 0636 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room O710 | | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Days 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Days 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 900, 0902-0904, 0911, 0914-0919 9011, 0914-0919 9012 | Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 # of visits 1 1 \$377 \$377 \$377 1 Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 | Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 | | | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | # of visits | 1 | 1 | \$377 | \$377 | \$377 | 1 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 Minutes 0 0 \$0 \$0 \$0 \$0 0 | Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Inpatient Hospital Ancillary Services - Other Therapeutic Services Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia ABA Behavior Identification Assessment (Note: code retired 12/31/18) ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Glinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Pamily Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effect | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|--------------|-----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia ABA Behavior Identification Assessment (Note: code retired 12/31/18) ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment | rici es couc | Wiodilici | Measure | | | | | | |
| Additional Codes-ECT Anesthesia 0901 ABA Behavior Identification Assessment (Note: code retired 12/31/18) ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Adaptive Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | 20101 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Adaptive Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) ABA Apapsure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| minutes effective 1/1/19) ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code | 0359T | U5 | Each Additional 30 Minutes | 4 | 4 | \$1,952 | \$488 | \$488 | 1 |
| minutes effective 1/1/19) ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Social Skills Group(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment Substance Abuse - Interactive Complexity - Add On Code Assessment | 0364T | U5 | Each Additional 30 Minutes | 10 | 359 | \$9,671 | \$967 | \$27 | 36 |
| 12/31/18) ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment Substance Abuse - Interactive Complexity - Add On Code Assessment | 0365T | U5 | First 30 Minutes | 10 | 2,189 | \$58,972 | \$5,897 | \$27 | 219 |
| 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 11/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment(Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) ABA At Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment Substance Abuse - Interactive Complexity - Add On Code Assessment | 0368T | U5 | Encounter | 10 | 68 | \$4,396 | \$440 | \$65 | 7 |
| 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment | 0369T | U5 | Encounter | 10 | 236 | \$15,257 | \$1,526 | \$65 | 24 |
| 12/31/18) ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment | 0370T | U5 | First 60 Minutes | 7 | 13 | \$1,681 | \$240 | \$129 | 2 |
| code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| changed effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| per 15 minutes effective 1/1/19) ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| retired 12/31/18) Drug Screen Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen Interactive Complexity - Add On Code Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism Substance Abuse - Interactive Complexity - Add On Code Assessment | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code Assessment | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | 90792 | | 30 Minutes | 91 | 91 | \$66,498 | \$731 | \$731 | 1 |
| Substance Use: Assessment | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lenawee | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 1 | 1 | \$53 | \$53 | \$53 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 17 | 55 | \$4,351 | \$256 | \$79 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 26 | 221 | \$23,311 | \$897 | \$105 | 9 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 30 | 127 | \$23,151 | \$772 | \$182 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 43 | 604 | \$110,103 | \$2,561 | \$182 | 14 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 6 | 32 | \$9,840 | \$1,640 | \$307 | 5 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | - | | ** | | - | | ** | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lenawee | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 1 | 1 | \$81 | \$81 | \$81 | 1 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 1 | 1 | \$81 | \$81 | \$81 | 1 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 1 | 1 | \$40 | \$40 | \$40 | 1 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 1 | 3 | \$121 | \$121 | \$40 | 3 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Companional or Physical Thurapy | | | | _ | | _ | Unit | | | | Lenawee |
|--|------------|-----------|-----------|-----------|--------|-------|------------|----------|------------|--------------|---|
| Occupational or Physical Therapy | it Unit/Ca | Cost/Unit | Cost/Case | Cost | Units | Cases | Measure | Modifier | HCPCS Code | Revenue Code | Service Category |
| Decempational or Physical Therapy | | \$0 | | | 0 | | 15 Minutes | | 97124 | | Occupational or Physical Therapy |
| ABA Backer Medification Assessment (new code effective 97151 U5 15 Minutes 11 90 \$3.817 \$347 | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | | 97140 | | Occupational or Physical Therapy |
| MABA Adaptive Belasivin Treatment (now code effective 1/119) | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | | 97150 | | Occupational or Physical Therapy |
| ABA Comp Adaptive Behavior Treatment(new code effective 11/19) 15 Minutes 1 | 2 | \$42 | \$347 | \$3,817 | 90 | 11 | 15 Minutes | U5 | 97151 | | |
| MAR A Clinical Observation and Direction of Adaptive Behavior 7115 U5 15 Minutes 13 1,838 \$\$8,669 \$4-513 \$1.88 \$1. | 3 1 | \$13 | \$16,464 | \$214,038 | 15,890 | 13 | 15 Minutes | U5 | 97153 | | ABA Adaptive Behavior Treatment (new code effective 1/1/19) |
| Nak Family Behavior Treatment Guidance(new code effective 1719) | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | U5 | 97154 | | |
| MAR Family Belavior Treatment Guidance(new code effective 97157 U5 Encounter 0 0 50 50 | 2 | \$32 | \$4,513 | \$58,669 | 1,838 | 13 | 15 Minutes | U5 | 97155 | | |
| ANA Adaptive Behavior Treatment Social Skills Group(new code efficience 11/19) Physical Therapy 97161 Encounter 0 0 0 S0 S0 S0 Physical Therapy 97162 Encounter 0 0 0 S0 S0 S0 Physical Therapy 97163 Encounter 0 0 0 S0 S0 S0 Physical Therapy 97164 Encounter 0 0 0 S0 S0 S0 S0 Physical Therapy 97165 Encounter 0 0 0 S0 S0 S0 S0 Cocupational Therapy 97166 15 Minutes 0 0 0 S0 S0 S0 Cocupational Therapy 97168 15 Minutes 0 0 0 S0 S0 S0 Cocupational Physical Therapy 97168 15 Minutes 0 0 0 S0 S0 S0 Cocupational Physical Therapy 97168 15 Minutes 0 0 0 S0 S0 S0 Cocupational Physical Therapy 97168 15 Minutes 0 0 0 S0 S0 S0 Cocupational Physical Therapy 97168 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97168 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97535 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97537 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97537 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97537 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97537 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97537 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97542 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97551 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97540 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97551 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97551 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97750 15 Minutes 0 0 0 S0 S0 Cocupational Physical Therapy 97763 30 Minutes 0 0 0 0 S0 S0 Cocupational Physical Therapy 9766 Assessment or Health Services 97802 Encounter 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 2 | \$32 | \$468 | \$5,620 | 177 | 12 | Encounter | U5 | 97156 | | |
| Physical Therapy 97161 Encounter 0 0 0 50 50 | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | U5 | 97157 | | |
| Physical Therapy 97162 Encounter 0 0 50 50 50 | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | U5 | 97158 | | |
| Physical Therapy | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | | 97161 | | Physical Therapy |
| Physical Therapy | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | | 97162 | | Physical Therapy |
| Occupational Therapy 97165 Encounter 0 0 S0 S0 Occupational Therapy 97166 15 Minutes 0 0 S0 S0 Occupational Therapy 97167 15 Minutes 0 0 S0 S0 Occupational Therapy 97168 15 Minutes 0 0 S0 S0 Occupational or Physical Therapy 97530 15 Minutes 0 0 S0 S0 Occupational or Physical Therapy 97533 15 Minutes 0 0 S0 S0 Occupational or Physical Therapy 97537 15 Minutes 0 0 S0 S0 Occupational or Physical Therapy 97537 15 Minutes 0 0 S0 S0 Occupational or Physical Therapy 97537 15 Minutes 0 0 S0 S0 Occupational or Physical Therapy 97750 15 Minutes 0 0 S0 S0 Occupational or Physical Therapy 97760 15 Minutes | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | | 97163 | | Physical Therapy |
| Occupational Therapy 97166 15 Minutes 0 0 \$0 \$0 Occupational Therapy 97167 15 Minutes 0 0 \$0 \$0 Occupational Therapy 97168 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97530 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97533 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97535 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97750 15 Min | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | | 97164 | | Physical Therapy |
| Occupational Therapy 97167 15 Minutes 0 0 \$0 \$0 Occupational Therapy 97168 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97530 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97533 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97535 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97755 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97803 | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | | 97165 | | Occupational Therapy |
| Occupational Therapy 97168 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97530 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97533 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97535 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97755 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97763 30 Minutes 0 0 \$0 \$0 Assessment or Health Services 97802 Encounter 0 0 \$0 \$0 Assessment or Health Services 97804 | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | | 97166 | | Occupational Therapy |
| Occupational or Physical Therapy 97530 15 Minutes 0 0 S0 S0 Occupational or Physical Therapy 97533 15 Minutes 0 0 50 50 Occupational or Physical Therapy 97535 15 Minutes 0 0 50 50 Occupational or Physical Therapy 97537 15 Minutes 0 0 50 50 Occupational or Physical Therapy 97542 15 Minutes 0 0 50 50 Occupational or Physical Therapy 97750 15 Minutes 0 0 50 50 Occupational Therapy 97755 15 Minutes 0 0 50 50 Occupational or Physical Therapy 97760 15 Minutes 0 0 50 50 Occupational or Physical Therapy 97763 30 Minutes 0 0 50 50 Assessment or Health Services 97802 Encounter 0 0 50 50 Health Services 97804 Enc | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | | 97167 | | Occupational Therapy |
| Occupational or Physical Therapy 97533 15 Minutes 0 0 S0 S0 Occupational or Physical Therapy 97535 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 \$0 Occupational Therapy 97755 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97763 30 Minutes 0 0 \$0 \$0 Assessment or Health Services 97802 Encounter 0 0 \$0 \$0 Assessment or Health Services 97803 Encounter 0 0 \$0 \$0 Health Services 97804 Encount | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | | 97168 | | Occupational Therapy |
| Occupational or Physical Therapy 97535 15 Minutes 0 0 50 \$0 Occupational or Physical Therapy 97537 15 Minutes 0 0 50 \$0 Occupational or Physical Therapy 97542 15 Minutes 0 0 50 \$0 Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 \$0 Occupational Therapy 97755 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97763 30 Minutes 0 0 \$0 \$0 Assessment or Health Services 97802 Encounter 0 0 \$0 \$0 Assessment or Health Services 97803 Encounter 0 0 \$0 \$0 Health Services 97804 Encount | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | | 97530 | | Occupational or Physical Therapy |
| Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 \$0 Occupational Therapy 97755 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97763 30 Minutes 0 0 \$0 \$0 Assessment or Health Services 97802 Encounter 0 0 \$0 \$0 Assessment or Health Services 97803 Encounter 0 0 \$0 \$0 Health Services 97804 Encounter 0 0 \$0 \$0 Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 \$0 | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | | 97533 | | Occupational or Physical Therapy |
| Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 \$0 Occupational Therapy 97755 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97763 30 Minutes 0 0 \$0 \$0 Assessment or Health Services 97802 Encounter 0 0 \$0 \$0 Assessment or Health Services 97803 Encounter 0 0 \$0 \$0 Health Services 97804 Encounter 0 0 \$0 \$0 Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 \$0 | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | | 97535 | | Occupational or Physical Therapy |
| Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 \$0 Occupational Therapy 97755 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97763 30 Minutes 0 0 \$0 \$0 Assessment or Health Services 97802 Encounter 0 0 \$0 \$0 Assessment or Health Services 97803 Encounter 0 0 \$0 \$0 Health Services 97804 Encounter 0 0 \$0 \$0 Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 \$0 | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | | 97537 | | Occupational or Physical Therapy |
| Occupational Therapy 97755 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97763 30 Minutes 0 0 \$0 \$0 Assessment or Health Services 97802 Encounter 0 0 \$0 \$0 Assessment or Health Services 97803 Encounter 0 0 \$0 \$0 Health Services 97804 Encounter 0 0 \$0 \$0 Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 \$0 | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | | 97542 | | Occupational or Physical Therapy |
| Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 \$0 Occupational or Physical Therapy 97763 30 Minutes 0 0 \$0 \$0 Assessment or Health Services 97802 Encounter 0 0 \$0 \$0 Assessment or Health Services 97803 Encounter 0 0 \$0 \$0 Health Services 97804 Encounter 0 0 \$0 \$0 Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 \$0 | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | | 97750 | | Occupational or Physical Therapy |
| Occupational or Physical Therapy 97763 30 Minutes 0 0 \$0 \$0 Assessment or Health Services 97802 Encounter 0 0 \$0 \$0 Assessment or Health Services 97803 Encounter 0 0 \$0 \$0 Health Services 97804 Encounter 0 0 \$0 \$0 Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 \$0 \$0 | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | | 97755 | | Occupational Therapy |
| Assessment or Health Services 97802 Encounter 0 0 \$0 \$0 Assessment or Health Services 97803 Encounter 0 0 \$0 \$0 Health Services 97804 Encounter 0 0 \$0 \$0 Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 \$0 | 0 | \$0 | \$0 | \$0 | 0 | 0 | 15 Minutes | | 97760 | | Occupational or Physical Therapy |
| Assessment or Health Services 97803 Encounter 0 0 \$0 \$0 \$0 Health Services 97804 Encounter 0 0 \$0 \$0 \$0 Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 \$0 \$0 | 0 | \$0 | \$0 | \$0 | 0 | 0 | 30 Minutes | | 97763 | | Occupational or Physical Therapy |
| Health Services 97804 Encounter 0 0 \$0 \$0 Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 \$0 \$0 | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | | 97802 | | Assessment or Health Services |
| Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 \$0 | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | | 97803 | | Assessment or Health Services |
| L Company of the Comp | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | | 97804 | | Health Services |
| A DECEMBER OF THE PROPERTY OF | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | | 97810 | | Substance Use Disorder: Acupuncture |
| Substance Use Disorder: Acupuncture 9/811 Encounter 0 0 \$0 \$0 | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | | 97811 | | Substance Use Disorder: Acupuncture |
| New Patient Evaluation and Management 99201 Encounter 0 0 \$0 \$0 | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | | 99201 | | New Patient Evaluation and Management |
| Substance Use Disorder: New Patient Evaluation and 99201 HF Encounter 0 0 \$0 \$0 \$0 \$0 Management | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | HF | 99201 | | |
| New Patient Evaluation and Management 99202 Encounter 0 0 \$0 \$0 | 0 | \$0 | \$0 | \$0 | 0 | 0 | Encounter | | 99202 | | New Patient Evaluation and Management |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lenawee Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | | | | | - | | | | | |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 93 | 206 | \$31,687 | \$341 | \$154 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 158 | 313 | \$75,968 | \$481 | \$243 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 168 | 466 | \$185,142 | \$1,102 | \$397 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 21 | 22 | \$13,308 | \$634 | \$605 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lenawee | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lenawee | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 305 | 321 | \$86,648 | \$284 | \$270 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 15 | 15 | \$4,049 | \$270 | \$270 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 103 | 108 | \$8,077 | \$78 | \$75 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 69 | 6,564 | \$284,221 | \$4,119 | \$43 | 95 |
| Home Based Services | | H0036 | ST | 15 Minutes | 3 | 206 | \$8,920 | \$2,973 | \$43 | 69 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lenawee | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 34 | 95 | \$6,892 | \$203 | \$73 | 3 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 4 | 112 | \$16,176 | \$4,044 | \$144 | 28 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lenawee | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 3 | 59 | \$13,336 | \$4,445 | \$226 | 20 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 2 | 84 | \$5,070 | \$2,535 | \$60 | 42 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 3 | 2,396 | \$10,471 | \$3,490 | \$4 | 799 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 40 | 375 | \$22,774 | \$569 | \$61 | 9 |
| Targeted Case Management | | T1017 | | Encounter | 169 | 1,506 | \$88,206 | \$522 | \$59 | 9 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 35 | 42 | \$10,880 | \$311 | \$259 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Lenawee | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 1 | 3 | \$445 | \$445 | \$148 | 3 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 441 | | \$1,749,305 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Service Capaging Service Cap | LifeWays | | | | Unit | | | | | | |
|--|--|---------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Dead Psychiatric Homeland Dear Performant Common Performant Comm | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Dead Psychiatric Roginal AMD PTSylphystican contended 014,074,0134,0154 PT68 Days 0 0 0 0 0 0 0 0 0 | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 47 | 553 | \$444,704 | \$9,462 | \$804 | 12 |
| | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 17 | 147 | \$88,120 | \$5,184 | \$599 | 9 |
| Part | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | | 0100 | | PT73 | Days | 20 | 131 | \$114,117 | \$5,706 | \$871 | 7 |
| Consider Content Con | | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| PT68 | | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 3 | 19 | \$16,458 | \$5,486 | \$866 | 6 |
| Decal Psychilaric Hospital/Acuter Community | | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Auxillary Services - Room and Board 0.144 | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquitient Hospital Ancillary Services - Leave of Absence 0.183 | Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillury Services - Medical/Surgical Supplies 0270 0272 | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Ingratient Hospital Ancillary Services - Laboratory 0300-0302, 0305-0307 # of treatments 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Papatient Hospital Ancillary Services - Radiology | | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| FCT Anesthesia G370 | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424 | ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology 0470-0472 0 0 0 0 50 50 50 50 0 | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Certain Color of tests of | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy 0636 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room O710 | | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Days 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Days 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 # of visits 4 32 \$11,190 \$2,797 \$350 8 Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 | | | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | # of visits | 4 | 32 | \$11,190 | \$2,797 | \$350 | 8 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 Minutes 0 0 \$0 \$0 \$0 \$0 0 | Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Service Changeny Revenue (1) (PCS Code 1) (PCS CO | LifeWays | | | | Unit | | | | | | |
|--|--|---------------------------------------|------------|----------|------------------|-------|-------|-----------|-----------|-----------|-----------|
| Mathematic Cather-ECT Asserticies 9011 9014 15 Manuers 0 0 59 59 30 30 30 30 30 30 30 3 | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Million of Chair-Cif Anserbes 1971 1972 1972 1973 1974 197 | Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Max National Markenine Inferience Inferien | Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| March Relations of Bodres and An Relations of Bodres and Society 1919 1920 | Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marie Mari | | | 0359T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mathesiver III 19 | | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Adaptive Treatment (Note: code retired 122118) | | | 0362T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MA Adaptive Teatment (Note: code retired 12318) 0.86T 0.86T 0.85 inva 30 Manue 0.86T 0.8 | | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Cappor Adaptive Relativire Treatment (Notice code retired 2018) 10 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Manual As Group Allagire Behavior Treatment (Note: code retired 23/18) 18/28 1 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clained Decreution and Direction of Adaptive Behavior 1988 198 | | | 0366T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Restruent/Note: code retired 12/31/18/ ABA Clains Observation and Direction of Adaptive Behavior 0.067 0.0 | | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Path | | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 1971 1972 197 | | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group Note: 03727 V5 Each Additional 30 0 0 0 0 0 0 0 0 0 | | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes Minu | | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective I/I/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/1/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/18) ABA Exposure Adaptive Behavior Treatment (Note: code refired I/23/18) ABA Exposure Adaptive Beh | | | 0372T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per 15 minutes effective 1/1/19 ABA Exposure Adaptive Behavior Treatment(Note: code retired 1/2/11/18 Prog Screen | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prug Screen 80305 Encounter 0 0 50 50 50 50 50 50 | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 \$0 \$0 \$0 Drug Screen 80307 Encounter 0 0 \$0 \$0 \$0 \$0 Interactive Complexity - Add On Code 90785 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 | | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 \$0 \$0 \$0 \$0 Interactive Complexity - Add On Code 90785 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90785 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90791 HF Encounter 10 10 \$13,445 \$1,344 \$1,344 Substance Use: Assessment for Autism 90791 HF Encounter 0 0 \$0 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code 90785 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90791 HF Encounter 10 10 \$13,445 \$1,344 \$1,344 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90792 30 Minutes 128 129 \$180,962 \$1,414 \$1,403 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90791 Encounter 10 10 \$13,445 \$1,344 \$1,344 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 < | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 Encounter 10 10 \$13,445 \$1,344 \$1,344 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90792 30 Minutes 128 129 \$180,962 \$1,414 \$1,403 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90792 30 Minutes 128 129 \$180,962 \$1,414 \$1,403 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 | Assessment | · · · · · · · · · · · · · · · · · · · | 90791 | | Encounter | 10 | 10 | \$13,445 | \$1,344 | \$1,344 | 1 |
| Assessment 90792 30 Minutes 128 129 \$180,962 \$1,414 \$1,403 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90792 | | 30 Minutes | 128 | 129 | \$180,962 | \$1,414 | \$1,403 | 1 |
| Assessment for Autism 90792 U5 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| LifeWays | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 122 | 196 | \$10,382 | \$85 | \$53 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 304 | 2,179 | \$213,104 | \$701 | \$98 | 7 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 246 | 1,362 | \$164,271 | \$668 | \$121 | 6 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 16 | 38 | \$3,626 | \$227 | \$95 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 86 | 86 | \$7,368 | \$86 | \$86 | 1 |
| Speech & Language Therapy | | 92507 | | Encounter | 6 | 245 | \$10,814 | \$1,802 | \$44 | 41 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 3 | 3 | \$331 | \$110 | \$110 | 1 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| LifeWays | | | | Unit | | | | | | |
|--|--------------|------------|---------------------------------------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 2 | 12 | \$1,367 | \$683 | \$114 | 6 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 7 | 7 | \$797 | \$114 | \$114 | 1 |
| Assessment for Autism | | 96130 | U5 | First Hour | 1 | 1 | \$114 | \$114 | \$114 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 7 | 14 | \$1,595 | \$228 | \$114 | 2 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 1 | 2 | \$228 | \$228 | \$114 | 2 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 8 | 8 | \$456 | \$57 | \$57 | 1 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 1 | 1 | \$57 | \$57 | \$57 | 1 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 8 | 40 | \$2,278 | \$285 | \$57 | 5 |
| Assessment for Autism | | 96137 | U5 | Encounter | 1 | 5 | \$285 | \$285 | \$57 | 5 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | · · · · · · · · · · · · · · · · · · · | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| LifeWays | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 2 | 29 | \$322 | \$161 | \$11 | 15 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 1 | 12 | \$360 | \$360 | \$30 | 12 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 3 | 3 | \$133 | \$44 | \$44 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 1 | 1 | \$44 | \$44 | \$44 | 1 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 5 | 517 | \$15,036 | \$3,007 | \$29 | 103 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 2 | 8 | \$266 | \$133 | \$33 | 4 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| LifeWays Service Cetegory | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue code | | | | | | | | | |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 40 | 65 | \$33,383 | \$835 | \$514 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 48 | 65 | \$18,266 | \$381 | \$281 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 207 | 685 | \$263,256 | \$1,272 | \$384 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 157 | 462 | \$240,200 | \$1,530 | \$520 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 2 | 2 | \$1,225 | \$613 | \$613 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 2 | 2 | \$200 | \$100 | \$100 | 1 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 2 | 5 | \$464 | \$232 | \$93 | 3 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 2 | 3 | \$300 | \$150 | \$100 | 2 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| LifeWays | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 7 | 846 | \$3,592 | \$513 | \$4 | 121 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| LifeWays | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 7 | 7 | \$801 | \$114 | \$114 | 1 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 518 | 539 | \$71,752 | \$139 | \$133 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 2 | 15 | \$6,744 | \$3,372 | \$450 | 8 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 3 | 20 | \$1,499 | \$500 | \$75 | 7 |
| Assessment | | H0031 | | Encounter | 595 | 620 | \$139,450 | \$234 | \$225 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 41 | 43 | \$12,099 | \$295 | \$281 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 366 | 733 | \$111,569 | \$305 | \$152 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 5 | 40 | \$7,073 | \$1,415 | \$177 | 8 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 332 | 30,442 | \$2,265,836 | \$6,825 | \$74 | 92 |
| Home Based Services | | H0036 | ST | 15 Minutes | 21 | 1,543 | \$127,400 | \$6,067 | \$83 | 73 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$257,520 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Service Category Community Living Supports in Independent living/own home Respite Peer Directed and Operated Support Services Substance Use Disorder: Laboratory Substance Use Disorder: Outpatient Treatment | Revenue Code 0900, 0906, 0914, 0915, 0916, 0919 | HCPCS Code H0043 H0043 H0043 H0043 H0043 H0043 H0045 H0045 H0046 H0048 H0050 | Modifier TF TG TT TF/TT TG/TT | Unit Measure Per Diem Per Diem Per Diem Days Encounter Encounter 15 Minutes Encounter Encounter Encounter Encounter Incounter Encounter Encounter Encounter Encounter | Cases 0 0 0 0 0 0 0 2 0 0 0 0 0 0 0 0 0 0 0 | Units 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Cost \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | Cost/Case \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | Cost/Unit \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | Unit/Case 0 0 0 0 0 0 0 0 0 5 0 0 0 0 0 0 0 0 0 |
|--|--|---|--------------------------------|---|--|--|---|---|--|--|
| Community Living Supports in Independent living/own home Respite Peer Directed and Operated Support Services Substance Use Disorder: Laboratory | | H0043 H0043 H0043 H0043 H0043 H0045 H0046 H0048 H0050 | TG TT TF/TT | Per Diem Per Diem Days Encounter Encounter 15 Minutes Encounter Encounter | 0 0 0 0 0 2 0 | 0 0 0 0 0 0 9 | \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$945 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$472 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$0 \$105 \$0 | C C C C C C C C C C C C C C C C C C C |
| Community Living Supports in Independent living/own home Respite Peer Directed and Operated Support Services Substance Use Disorder: Laboratory | | H0043 H0043 H0043 H0043 H0045 H0046 H0048 H0050 | TG TT TF/TT | Per Diem Days Encounter Encounter 15 Minutes Encounter Encounter | 0 0 0 0 2 0 | 0 0 0 0 9 | \$0 \$0 \$0 \$0 \$0 \$945 \$0 \$0 | \$0 \$0 \$0 \$0 \$0 \$472 \$0 \$0 | \$0 \$0 \$0 \$0 \$105 \$0 \$0 | (|
| Community Living Supports in Independent living/own home Community Living Supports in Independent living/own home Community Living Supports in Independent living/own home Respite Peer Directed and Operated Support Services Substance Use Disorder: Laboratory | | H0043 H0043 H0043 H0045 H0046 H0048 H0050 | TT TF/TT | Days Encounter Encounter 15 Minutes Encounter Encounter | 0 0 0 2 0 | 0 0 0 9 0 | \$0 \$0 \$0 \$945 \$0 | \$0 \$0 \$0 \$472 \$0 \$0 | \$0 \$0 \$0 \$105 \$0 | (|
| Community Living Supports in Independent living/own home Community Living Supports in Independent living/own home Respite Peer Directed and Operated Support Services Substance Use Disorder: Laboratory | | H0043 H0043 H0045 H0046 H0048 H0050 | TF/TT | Encounter Encounter 15 Minutes Encounter Encounter | 0 0 2 0 | 0 0 9 0 | \$0 \$0 \$945 \$0 \$0 | \$0 \$0 \$472 \$0 \$0 | \$0 \$0 \$105 \$0 | : |
| Community Living Supports in Independent living/own home Respite Peer Directed and Operated Support Services Substance Use Disorder: Laboratory | | H0043 H0045 H0046 H0048 H0050 | | Encounter 15 Minutes Encounter Encounter | 0 2 0 0 | 0 9 0 | \$0 \$945 \$0 \$0 | \$0 \$472 \$0 \$0 | \$0 \$105 \$0 \$0 | (|
| Respite Peer Directed and Operated Support Services Substance Use Disorder: Laboratory | | H0045 H0046 H0048 H0050 | TG/TT | 15 Minutes Encounter Encounter | 2 0 0 | 9 0 0 | \$945 \$0 \$0 | \$472 \$0 \$0 | \$105 \$0 \$0 | : |
| Peer Directed and Operated Support Services Substance Use Disorder: Laboratory | | H0046 H0048 H0050 H2000 | | Encounter Encounter | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | (|
| Substance Use Disorder: Laboratory | | H0048 H0050 H2000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| | | H0050 H2000 | | | | | | | | |
| Substance Use Disorder: Outpatient Treatment | | H2000 | | 15 minutes | 0 | 0 | \$0 | \$0 | | |
| | | | | | | Ü | | φ0 | \$0 | (|
| Behavior Treatment Plan Review | | | | 15 Minutes | 3 | 3 | \$533 | \$178 | \$178 | |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Crisis Intervention | | H2011 | | 15 Minutes | 158 | 513 | \$32,840 | \$208 | \$64 | |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 119 | 581 | \$90,154 | \$758 | \$155 | : |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | (|
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 3 | 4,465 | \$34,175 | \$11,392 | \$8 | 1,488 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 13 | 3,329 | \$15,337 | \$1,180 | \$5 | 250 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Wraparound | | H2021 | | 15 minutes | 26 | 1,366 | \$75,978 | \$2,922 | \$56 | 5: |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 21 | 653 | \$188,546 | \$8,978 | \$289 | 3 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | (|
| Home Based Services | | H2033 | | Per Diem | 60 | 5,886 | \$394,047 | \$6,567 | \$67 | 98 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | (|
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | (|
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| LifeWays | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 6 | 57 | \$3,502 | \$584 | \$61 | 10 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 19 | 350 | \$55,600 | \$2,926 | \$159 | 18 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 16 | 332 | \$54,142 | \$3,384 | \$163 | 21 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 2 | 6 | \$597 | \$299 | \$100 | 3 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 47 | 48 | \$14,472 | \$308 | \$301 | 1 |
| Health Services | | T1002 | | 15 Minutes | 8 | 11 | \$2,504 | \$313 | \$228 | 1 |
| Respite Care | | T1005 | | 15 minutes | 25 | 18,978 | \$36,590 | \$1,464 | \$2 | 759 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 10 | 275 | \$19,036 | \$1,904 | \$69 | 28 |
| Targeted Case Management | | T1017 | | Encounter | 127 | 3,157 | \$171,997 | \$1,354 | \$54 | 25 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 241 | 325 | \$56,590 | \$235 | \$174 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| LifeWays | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 1 | 1 | \$8 | \$8 | \$8 | 1 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 12 | 20 | \$19,110 | \$1,593 | \$956 | 2 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 1 | 6 | \$869 | \$869 | \$145 | 6 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 8 | 47 | \$2,065 | \$258 | \$44 | 6 |
| Respite Care | | T2037 | | Per Item | 28 | 309 | \$7,057 | \$252 | \$23 | 11 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | · | · | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | · | · | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,309 | | \$6,141,553 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Livingston | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 21 | 234 | \$153,628 | \$7,316 | \$657 | 11 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 1 | 8 | \$5,252 | \$5,252 | \$657 | 8 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 24 | 203 | \$178,396 | \$7,433 | \$879 | 8 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Livingston Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|------------|-----------|-----------|
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0940-0942 | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | 0,01 | 0359T | U5 | Each Additional 30 Minutes | 1 | 1 | \$458 | \$458 | \$458 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 3 | 111 | \$2,969 | \$990 | \$27 | 37 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 3 | 746 | \$19,881 | \$6,627 | \$27 | 249 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 3 | 27 | \$1,637 | \$546 | \$61 | 9 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 3 | 111 | \$6,782 | \$2,261 | \$61 | 37 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 3 | 7 | \$845 | \$282 | \$121 | 2 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 104 | 104 | \$64,197 | \$617 | \$617 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Livingston | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 53 | 138 | \$20,169 | \$381 | \$146 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 67 | 227 | \$51,545 | \$769 | \$227 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 104 | 715 | \$215,086 | \$2,068 | \$301 | 7 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 31 | 70 | \$17,975 | \$580 | \$257 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 136 | 843 | \$212,133 | \$1,560 | \$252 | 6 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 7 | 36 | \$16,035 | \$2,291 | \$445 | 5 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 5 | 5 | \$2,332 | \$466 | \$466 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 1 | 3 | \$244 | \$244 | \$81 | 3 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 1 | 1 | \$91 | \$91 | \$91 | 1 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | - | | | | - | | | 1.7 | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Livingston | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 8 | 8 | \$2,483 | \$310 | \$310 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 6 | 6 | \$1,322 | \$220 | \$220 | 1 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Livingston | D 61 | Hanas a 1 | M 116 | Unit | | TT 1: | G . | G(G | 0 . 77 . | II : // C |
|--|--------------|------------|----------|------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 7 | 80 | \$3,001 | \$429 | \$38 | 11 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 10 | 10,432 | \$136,868 | \$13,687 | \$13 | 1,043 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 10 | 1,465 | \$44,067 | \$4,407 | \$30 | 147 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 9 | 133 | \$3,975 | \$442 | \$30 | 15 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$76 | \$76 | \$76 | 1 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 1 | 81 | \$2,506 | \$2,506 | \$31 | 81 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Livingston Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | | | | | | | | | | |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 35 | 65 | \$14,396 | \$411 | \$221 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 154 | 418 | \$122,997 | \$799 | \$294 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 116 | 342 | \$109,307 | \$942 | \$320 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Livingston | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Livingston | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 59 | 61 | \$10,199 | \$173 | \$167 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 183 | 187 | \$51,174 | \$280 | \$274 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 24 | 46 | \$12,588 | \$525 | \$274 | 2 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 1 | 1 | \$238 | \$238 | \$238 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 4 | 22 | \$5,945 | \$1,486 | \$270 | 6 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 186 | 14,719 | \$993,091 | \$5,339 | \$67 | 79 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 18 | 335 | \$13,531 | \$752 | \$40 | 19 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 1 | 7 | \$629 | \$629 | \$90 | 7 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Livingston | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 4 | 73 | \$7,647 | \$1,912 | \$105 | 18 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 1 | 4 | \$292 | \$292 | \$73 | 4 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 21 | 72 | \$4,434 | \$211 | \$62 | 3 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 1 | 469 | \$1,867 | \$1,867 | \$4 | 469 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 69 | 3,242 | \$348,353 | \$5,049 | \$107 | 47 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 8 | 57 | \$24,067 | \$3,008 | \$422 | 7 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | - | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Livingston | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 26 | 265 | \$86,653 | \$3,333 | \$327 | 10 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 1 | 1 | \$497 | \$497 | \$497 | 1 |
| Health Services | | T1002 | | 15 Minutes | 1 | 192 | \$0 | \$0 | \$0 | 192 |
| Respite Care | | T1005 | | 15 minutes | 36 | 8,277 | \$37,660 | \$1,046 | \$5 | 230 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 18 | 137 | \$10,302 | \$572 | \$75 | 8 |
| Targeted Case Management | | T1017 | | Encounter | 33 | 365 | \$27,860 | \$844 | \$76 | 11 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 7 | 7 | \$1,360 | \$194 | \$194 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Livingston | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 1 | 8 | \$1,073 | \$1,073 | \$134 | 8 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | · | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | - | - | - | · | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 467 | | \$3,050,114 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Macomb Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-------------|-----------|-----------|-----------|
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 256 | 2,189 | \$1,264,526 | \$4,940 | \$578 | 9 |
| Local Psychiatric Hospital/IMD PT68 builded per diem | 0100 | | PT68 | Days | 3 | 2,189 | \$1,264,326 | \$1,184 | \$137 | 9 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | 15/ | PT68 | Days | 0 | 0 | \$0 | \$0 | \$137 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled | 0100 | 134 | PT73 | Days | 1 | 4 | \$2,721 | \$2,721 | \$680 | 4 |
| per diem | 0100 | | 1175 | Days | 1 | 7 | \$2,721 | \$2,721 | \$080 | 7 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 374 | 3,205 | \$867,347 | \$2,319 | \$271 | 9 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Macomb | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| $\underline{\hbox{Inpatient Hospital Ancillary Services - Other Therapeutic Services}}$ | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 4 | 4 | \$1,929 | \$482 | \$482 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 7 | 260 | \$7,185 | \$1,026 | \$28 | 37 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 7 | 1,757 | \$48,553 | \$6,936 | \$28 | 251 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 7 | 69 | \$4,161 | \$594 | \$60 | 10 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 7 | 217 | \$13,084 | \$1,869 | \$60 | 31 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 5 | 5 | \$603 | \$121 | \$121 | 1 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 217 | 229 | \$36,339 | \$167 | \$159 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 266 | 271 | \$82,836 | \$311 | \$306 | 1 |
| Substance Use: Assessment | | 00702 | | 20.16 | | | | 60 | 0.0 | 0 |
| | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Macomb | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 161 | 743 | \$115,941 | \$720 | \$156 | 5 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 6 | 6 | \$767 | \$128 | \$128 | 1 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 429 | 1,503 | \$212,328 | \$495 | \$141 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 11 | 16 | \$4,408 | \$401 | \$276 | 1 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 309 | 1,422 | \$390,503 | \$1,264 | \$275 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 12 | 18 | \$5,188 | \$432 | \$288 | 2 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 1 | 1 | \$300 | \$300 | \$300 | 1 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 33 | 53 | \$13,864 | \$420 | \$262 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 592 | 2,550 | \$236,905 | \$400 | \$93 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 6 | 26 | \$820 | \$137 | \$32 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 3 | 114 | \$8,604 | \$2,868 | \$75 | 38 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 4 | 5 | \$716 | \$179 | \$143 | 1 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Macomb | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 2 | 9 | \$2,950 | \$1,475 | \$328 | 5 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 3 | 3 | \$1,098 | \$366 | \$366 | 1 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 1 | 1 | \$366 | \$366 | \$366 | 1 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 3 | 3 | \$549 | \$183 | \$183 | 1 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 3 | 20 | \$3,659 | \$1,220 | \$183 | 7 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 3 | 74 | \$2,221 | \$740 | \$30 | 25 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|--|--------------|------------|----------|------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 9 | 82 | \$2,526 | \$281 | \$31 | 9 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 9 | 12,210 | \$153,286 | \$17,032 | \$13 | 1,357 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 8 | 1,864 | \$51,397 | \$6,425 | \$28 | 233 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 9 | 118 | \$3,161 | \$351 | \$27 | 13 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 14 | 14 | \$2,557 | \$183 | \$183 | 1 |
| Occupational Therapy | | 97166 | | 15 Minutes | 6 | 6 | \$2,089 | \$348 | \$348 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 9 | 9 | \$1,664 | \$185 | \$185 | 1 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 25 | 2,184 | \$70,256 | \$2,810 | \$32 | 87 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 10 | 298 | \$11,068 | \$1,107 | \$37 | 30 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 3 | 3 | \$283 | \$94 | \$94 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 21 | 21 | \$7,345 | \$350 | \$350 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 5 | 5 | \$613 | \$123 | \$123 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 25 | 26 | \$1,414 | \$57 | \$54 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 365 | 948 | \$56,301 | \$154 | \$59 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 534 | 1,944 | \$345,870 | \$648 | \$178 | 4 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 43 | 56 | \$16,528 | \$384 | \$295 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | - | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 48 | 48 | \$15,559 | \$324 | \$324 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 60 | 549 | \$207,995 | \$3,467 | \$379 | 9 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 1,168 | 1,705 | \$277,457 | \$238 | \$163 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 22 | 22 | \$11,066 | \$503 | \$503 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 721 | 1,028 | \$131,286 | \$182 | \$128 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 361 | 531 | \$48,927 | \$136 | \$92 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 277 | 27,505 | \$1,498,610 | \$5,410 | \$54 | 99 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 14 | 17 | \$1,031 | \$74 | \$61 | 1 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 2 | 8 | \$485 | \$243 | \$61 | 4 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 1 | 29 | \$4,925 | \$4,925 | \$170 | 29 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 59 | 884 | \$84,910 | \$1,439 | \$96 | 15 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 126 | 868 | \$109,399 | \$868 | \$126 | 7 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 175 | 177,255 | \$1,049,927 | \$6,000 | \$6 | 1,013 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 2 | 1,079 | \$4,240 | \$2,120 | \$4 | 540 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 1 | 1 | \$296 | \$296 | \$296 | 1 |
| Behavior Services | | H2019 | | Days | 25 | 588 | \$52,413 | \$2,097 | \$89 | 24 |
| Behavior Services | | H2019 | TT | Days | 13 | 567 | \$34,702 | \$2,669 | \$61 | 44 |
| Wraparound | | H2021 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 65 | 1,240 | \$399,912 | \$6,152 | \$323 | 19 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 2 | 2 | \$184 | \$92 | \$92 | 1 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| - | | | | | | | | | | |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 171 | 967 | \$233,203 | \$1,364 | \$241 | 6 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 236 | 1,971 | \$452,649 | \$1,918 | \$230 | 8 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 2 | 7 | \$1,696 | \$848 | \$242 | 4 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 1 | 1 | \$421 | \$421 | \$421 | 1 |
| Health Services | | T1002 | | 15 Minutes | 2 | 3 | \$279 | \$140 | \$93 | 2 |
| Respite Care | | T1005 | | 15 minutes | 150 | 49,601 | \$278,307 | \$1,855 | \$6 | 331 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 4 | 1,077 | \$4,081 | \$1,020 | \$4 | 269 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 18 | 265 | \$15,043 | \$836 | \$57 | 15 |
| Targeted Case Management | | T1017 | | Encounter | 611 | 10,158 | \$852,092 | \$1,395 | \$84 | 17 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 1 | 1 | \$127 | \$127 | \$127 | 1 |
| Assessments | | T1023 | | Encounter | 37 | 57 | \$15,682 | \$424 | \$275 | 2 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Macomb | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 10 | 97 | \$11,293 | \$1,129 | \$116 | 10 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 24 | 98 | \$18,836 | \$785 | \$192 | 4 |
| Respite Care | | T2037 | | Per Item | 18 | 232 | \$7,231 | \$402 | \$31 | 13 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | · | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | - | - | - | · | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,867 | | \$9,884,644 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Manistee-Benzie (Centra Wellness) | D C.1 | Hanas a 1 | M 110 | Unit | | *** | | G(G | 0 . 111. | 11:10 |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 8 | 73 | \$72,850 | \$9,106 | \$998 | 9 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 2 | 19 | \$13,566 | \$6,783 | \$714 | 10 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-025 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-030 | 07 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Manistee-Benzie (Centra Wellness) Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective $1/1/19$) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 30 | 30 | \$27,547 | \$918 | \$918 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 58 | 113 | \$16,074 | \$277 | \$142 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 122 | 487 | \$89,740 | \$736 | \$184 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 154 | 712 | \$163,952 | \$1,065 | \$230 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 7 | 25 | \$9,927 | \$1,418 | \$397 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 7 | 33 | \$6,598 | \$943 | \$200 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | C |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Speech & Language Therapy | · | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | C |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 1 | 9 | \$9,148 | \$9,148 | \$1,016 | 9 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 2 | 2 | \$2,064 | \$1,032 | \$1,032 | 1 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 1 | 6 | \$7,218 | \$7,218 | \$1,203 | 6 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| | Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|---|---|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Designation Program Theory 97140 15 Mones 0 0 0 0 0 0 0 0 0 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Segment Proposite Theory 9715 | Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MA Part March Ma | Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1919 1919 1918 | Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Company Analysis Relavative Transmentageue code effective 11 15 Minutes | | | 97151 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marcian Marc | ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marchanne Medicarior Multipart Property | | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mar | | | 97155 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Al And And Rebavior Tranment Scial Skills Grouptews | | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy 97164 Encounter 0 0 0 50 50 50 50 50 | Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decupational Therapy | Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Secupational Therapy 97166 15 Minutes 0 0 0 50 50 50 50 | Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97167 15 Minutes 0 0 SO SO SO Occupational Therapy 97168 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97530 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97535 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97537 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97537 15 Minutes 0 0 SO SO SO Occupational Or Physical Therapy 97542 15 Minutes 0 0 SO SO SO SO Occupational Or Physical Therapy 97750 15 Minutes 0 0 SO | Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational Therapy 97168 15 Minutes 0 0 50 50 50 50 50 50 | Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Secupational or Physical Therapy 97530 15 Minutes 0 0 0 50 50 50 50 | Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97533 15 Minutes 0 0 \$0 </td <td>Occupational Therapy</td> <td></td> <td>97168</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97535 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97537 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97542 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97750 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97760 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97760 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97760 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97763 30 Minutes 0 0 SO SO SO Assessment or Health Services 97802 Encounter 0 0 SO SO SO Assessment or Health Services 97804 | Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97537 15 Minutes 0 0 50 \$0 \$0 Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 \$0 \$0 \$0 Occupational Or Physical Therapy 97750 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97535</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97750 15 Minutes 0 0 50 50 \$0 Occupational Therapy 97755 15 Minutes 0 0 50 \$0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97755 15 Minutes 0 0 50 \$0 \$0 Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 <t< td=""><td>Occupational or Physical Therapy</td><td></td><td>97542</td><td></td><td>15 Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></t<> | Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational or Physical Therapy 97760 15 Minutes 0 0 0 50 50 50 50 | Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97763 30 Minutes 0 0 50 \$0 \$0 Assessment or Health Services 97802 Encounter 0 0 \$0 | Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97802 Encounter 0 0 0 50 50 50 50 Assessment or Health Services 97803 Encounter 0 0 0 50 50 50 50 Health Services 97804 Encounter 0 0 0 50 50 50 50 Substance Use Disorder: Acupuncture 97810 Encounter 0 0 0 50 50 50 50 Substance Use Disorder: Acupuncture 97811 Encounter 0 0 0 50 50 50 50 New Patient Evaluation and Management 99201 HF Encounter 0 0 0 50 50 50 50 Substance Use Disorder: New Patient Evaluation and Management 99201 HF Encounter 0 0 50 50 50 50 Management 50 50 50 50 Management 50 50 50 50 Management 50 50 50 50 Management 50 50 50 Managem | Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management 99201 | Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services 97804 Encounter 0 0 50 \$0 \$0 Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 | Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97810 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97811 Encounter 0 0 0 50 \$0 \$0 \$0 New Patient Evaluation and Management 99201 Encounter 0 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: New Patient Evaluation and Management Psylvation Psylv | Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99201 Encounter 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and 99201 HF Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 Management | Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| <u>Management</u> | New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99202 Encounter 0 0 \$0 \$0 \$0 | | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Manistee-Benzie (Centra Wellness) | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | | | | | | | | | |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 3 | 3 | \$940 | \$313 | \$313 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 4 | 6 | \$1,240 | \$310 | \$207 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 60 | 189 | \$60,807 | \$1,013 | \$322 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 1 | 1 | \$627 | \$627 | \$627 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 1 | 1 | \$468 | \$468 | \$468 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 2 | 3 | \$1,573 | \$787 | \$524 | 2 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 289 | 5,321 | \$1,045,820 | \$3,619 | \$197 | 18 |
| Assessment | | H0031 | | Encounter | 242 | 256 | \$103,346 | \$427 | \$404 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 7 | 8 | \$4,391 | \$627 | \$549 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 159 | 242 | \$56,919 | \$358 | \$235 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 31 | 2,835 | \$256,910 | \$8,287 | \$91 | 91 |
| Home Based Services | | H0036 | ST | 15 Minutes | 1 | 11 | \$1,104 | \$1,104 | \$100 | 11 |
| Peer Directed and Operated Support Services | | H0038 | | | 1 | 100 | \$4,775 | \$4,775 | \$48 | 100 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 1 | 52 | \$6,098 | \$6,098 | \$117 | 52 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 2 | 16 | \$3,696 | \$1,848 | \$231 | 8 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 31 | 111 | \$44,954 | \$1,450 | \$405 | 4 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 1 | 2 | \$21 | \$21 | \$11 | 2 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 1 | 59 | \$10,551 | \$10,551 | \$179 | 59 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 2 | 2 | \$751 | \$376 | \$376 | 1 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 1 | 462 | \$1,687 | \$1,687 | \$4 | 462 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Targeted Case Management | | T1017 | | Encounter | 35 | 289 | \$36,563 | \$1,045 | \$127 | 8 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 9 | 13 | \$5,406 | \$601 | \$416 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Manistee-Benzie (Centra Wellness) | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 7 | 40 | \$3,321 | \$474 | \$83 | 6 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 523 | | \$2,070,652 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Part | Monroe | | | | Unit | | | | | | |
|--|--|---------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 37 | 419 | \$331,680 | \$8,964 | \$792 | 11 |
| | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per cale Per cale | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | | 0100 | | PT73 | Days | 7 | 198 | \$153,628 | \$21,947 | \$776 | 28 |
| Concomposition Content Content | | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| PT68 | | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital Acuellary Services - Room and Bound 0144 # of nieums 0 0 50 50 50 50 0 0 1 | | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impation Hospital Ancillary Services - Leave of Absence 0.183 | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Leave of Absence 0183 | Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Aucillury Services - Medical/Surgical Supplies 0270-0272 | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Radiology 0300-0302 (385-0307 40 friestments 0 0 50 50 50 50 50 50 | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Papatient Hoopital Ancillary Services - Radiology 0320 | | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| For Crameshesia 0370 | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Papatient Hospital Ancillary Services - Physical Therapy 0420-0424 | ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Energency Room O450 # of tests O O S0 S0 S0 S0 O Pathology | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology Path | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance 0610-0611 | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy 0636 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| FCT Recovery Room 0710 Hour 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Days 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$19,297 \$19,297 \$715 27 Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 # of tests 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Days 1 27 \$19,297 \$19,297 \$715 27 Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 # of tests 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 0911, 0914-0919 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 # of visits 2 4 \$2,571 \$1,285 \$643 2 Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 | Additional Codes-ECT Facility Charge | 0901 | | | Days | 1 | 27 | \$19,297 | \$19,297 | \$715 | 27 |
| Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 <td></td> <td></td> <td></td> <td></td> <td># of tests</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | | | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 <td>Outpatient Partial Hospitalization</td> <td>0912</td> <td></td> <td></td> <td># of visits</td> <td>2</td> <td>4</td> <td>\$2,571</td> <td>\$1,285</td> <td>\$643</td> <td>2</td> | Outpatient Partial Hospitalization | 0912 | | | # of visits | 2 | 4 | \$2,571 | \$1,285 | \$643 | 2 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 Minutes 0 0 \$0 \$0 \$0 0 | Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Monroe | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 2 | 2 | \$1,117 | \$558 | \$558 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 5 | 73 | \$2,024 | \$405 | \$28 | 15 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 5 | 343 | \$9,364 | \$1,873 | \$27 | 69 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 4 | 19 | \$1,255 | \$314 | \$66 | 5 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 4 | 33 | \$2,180 | \$545 | \$66 | 8 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 3 | 8 | \$1,046 | \$349 | \$131 | 3 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 4 | 4 | \$959 | \$240 | \$240 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 81 | 81 | \$21,911 | \$271 | \$271 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Monroe | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 47 | 184 | \$38,638 | \$822 | \$210 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 160 | 884 | \$236,063 | \$1,475 | \$267 | 6 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 122 | 873 | \$253,860 | \$2,081 | \$291 | 7 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 92 | 427 | \$141,384 | \$1,537 | \$331 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 119 | 558 | \$158,411 | \$1,331 | \$284 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 11 | 41 | \$16,687 | \$1,517 | \$407 | 4 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 1 | 36 | \$2,732 | \$2,732 | \$76 | 36 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 2 | 2 | \$288 | \$144 | \$144 | 1 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 1 | 1 | \$85 | \$85 | \$85 | 1 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | ** | - | - | | ** | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Monroe | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|--------------|------------|----------|-------------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | | Woulder | Measure | | | | | | |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|--|--------------|------------|----------|------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 5 | 49 | \$1,282 | \$256 | \$26 | 10 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 7 | 6,666 | \$113,589 | \$16,227 | \$17 | 952 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 7 | 780 | \$20,124 | \$2,875 | \$26 | 111 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 7 | 130 | \$3,675 | \$525 | \$28 | 19 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$112 | \$112 | \$112 | 1 |
| Occupational Therapy | | 97166 | | 15 Minutes | 2 | 2 | \$469 | \$234 | \$234 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 2 | 30 | \$5,584 | \$2,792 | \$186 | 15 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 2 | 11 | \$1,694 | \$847 | \$154 | 6 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 2 | 12 | \$2,800 | \$1,400 | \$233 | 6 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 2 | 2 | \$206 | \$103 | \$103 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 17 | 17 | \$3,065 | \$180 | \$180 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 2 | 2 | \$579 | \$289 | \$289 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 1 | 1 | \$123 | \$123 | \$123 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 6 | 6 | \$686 | \$114 | \$114 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 163 | 512 | \$82,243 | \$505 | \$161 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 21 | 36 | \$3,956 | \$188 | \$110 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 295 | 308 | \$42,276 | \$143 | \$137 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 6 | 48 | \$23,280 | \$3,880 | \$485 | 8 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 238 | 385 | \$152,140 | \$639 | \$395 | 2 |
| Assessment for Autism | | H0031 | U5 | Encounter | 26 | 51 | \$20,154 | \$775 | \$395 | 2 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 1 | 1 | \$204 | \$204 | \$204 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 62 | 8,939 | \$370,826 | \$5,981 | \$41 | 144 |
| Home Based Services | | H0036 | ST | 15 Minutes | 2 | 56 | \$1,307 | \$654 | \$23 | 28 |
| Peer Directed and Operated Support Services | | H0038 | | | 31 | 525 | \$11,721 | \$378 | \$22 | 17 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 21 | 451 | \$9,633 | \$459 | \$21 | 21 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 1 | 1 | \$105 | \$105 | \$105 | 1 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 31 | 120 | \$6,923 | \$223 | \$58 | 4 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 37 | 3,124 | \$221,398 | \$5,984 | \$71 | 84 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Monroe | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 55 | 376 | \$40,277 | \$732 | \$107 | 7 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 11 | 258 | \$12,255 | \$1,114 | \$48 | 23 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 8 | 4,032 | \$20,644 | \$2,580 | \$5 | 504 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Targeted Case Management | | T1017 | | Encounter | 320 | 5,588 | \$449,801 | \$1,406 | \$80 | 17 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 61 | 85 | \$29,804 | \$489 | \$351 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Monroe | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 6 | 66 | \$6,720 | \$1,120 | \$102 | 11 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 2 | 4 | \$3,224 | \$1,612 | \$806 | 2 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 554 | | \$3,058,060 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Montcalm | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 18 | 197 | \$186,232 | \$10,346 | \$945 | 11 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 3 | 24 | \$675 | \$225 | \$28 | 8 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 9 | 78 | \$71,437 | \$7,937 | \$916 | 9 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 1 | 14 | \$843 | \$843 | \$60 | 14 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 7 | 45 | \$37,350 | \$5,336 | \$830 | 6 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 1 | 5 | \$1,188 | \$1,188 | \$238 | 5 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Service (Largeory Serv | Montcalm | | | | Unit | | | | | | |
|---|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Millorian Coloris ECT Ameritans 1914 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Medicane Code: PCT Accession 1001 | Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MA Debus Remarkation Accordenated 1987 1988 1988 1988 1989 | Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Ask | Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marke Relations Dishow-places assessment (reporting united of pert 15 p. 1927 p. 1928 p. 1929 | | | 0359T | U5 | | 2 | 3 | \$1,085 | \$543 | \$362 | 2 |
| Manual Publishes Manual Publ | | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| AAA Adaptive Tenement (Nore code reinted (1741/18) | | | 0362T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MA Adaptive Tennment None: code retired 1231(8) | | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clarical Observation and Direction of Adaptive Behavior Treatment (Note: code seried 1971 18 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | | 3 | 123 | \$3,075 | \$1,025 | \$25 | 41 |
| All All Group Algabite Hebrius' Tratment (Note: code retired 1967 1968 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 3 | 633 | \$15,825 | \$5,275 | \$25 | 211 |
| ABA Clinical Oberwation and Directions of Adaptive Behavior Gosff Us Encounter Security | | | 0366T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Reatment/Note: code estind 123/118 SAB Calinar Discession of Adaptive Behavior Safor | | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathene Path | | | 0368T | U5 | Encounter | 3 | 32 | \$1,920 | \$640 | \$60 | 11 |
| ABA Family Behavior Treatment Guidance(Note: ode retired 0.3717 0.5 Per 15 Minutes 0 0 0 0 0 0 0 0 0 | | | 0369T | U5 | Encounter | 3 | 64 | \$3,840 | \$1,280 | \$60 | 21 |
| ABA Adaptive Behavior Treatment (reporting units of early 11/9 Semblate | | | 0370T | U5 | First 60 Minutes | 2 | 5 | \$600 | \$300 | \$120 | 3 |
| Minutes Minu | | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Composition | | | 0372T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per 15 minutes effective 1/1/19 ABA Exposure Adaptive Behavior Treatment(Note: code retired 1/2/3/18 Drug Screen | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prog Screen \$80305 Encounter \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 \$0 <td></td> <td></td> <td>0374T</td> <td>U5</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 \$0 <td>Drug Screen</td> <td></td> <td>80305</td> <td></td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code 90785 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0< | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 Encounter 17 17 \$16,749 \$985 \$985 1 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 \$0 | Assessment | | 90791 | | Encounter | 17 | 17 | \$16,749 | \$985 | \$985 | 1 |
| Assessment 90792 30 Minutes 72 72 \$68,406 \$950 \$950 1 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 <td>Substance Use: Assessment</td> <td></td> <td>90791</td> <td>HF</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 | Assessment for Autism | · | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90792 | | 30 Minutes | 72 | 72 | \$68,406 | \$950 | \$950 | 1 |
| Assessment for Autism 90792 U5 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 | Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Montcalm | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 86 | 131 | \$17,030 | \$198 | \$130 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 125 | 295 | \$59,000 | \$472 | \$200 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 124 | 383 | \$91,920 | \$741 | \$240 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 9 | 9 | \$1,849 | \$205 | \$205 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 34 | 51 | \$9,180 | \$270 | \$180 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Montcalm | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | | Wiodinei | Measure | | | | | | |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 6 | 13 | \$2,816 | \$469 | \$217 | 2 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 27 | 29 | \$3,784 | \$140 | \$130 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 2 | 2 | \$800 | \$400 | \$400 | 1 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 31 | 58 | \$3,205 | \$103 | \$55 | 2 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 31 | 58 | \$3,205 | \$103 | \$55 | 2 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Montcalm | | | | Unit | _ | | _ | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 7 | 38 | \$1,140 | \$163 | \$30 | 5 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 4 | 6,500 | \$81,250 | \$20,313 | \$13 | 1,625 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 4 | 674 | \$20,220 | \$5,055 | \$30 | 169 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 4 | 52 | \$1,560 | \$390 | \$30 | 13 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 3 | 3 | \$602 | \$201 | \$201 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Interest Category Revenue Code INCVES Code Montine Montine Category Category | Montcalm | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Name Plants Politation and Management 97813 Paccenter 0 0 0 0 0 0 0 0 0 | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| New Parlet Polastion and Management 9201 Encounter 0 0 0 0 50 50 50 50 50 50 50 50 50 50 5 | Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Parlier Routeniers Management 9924 Routener 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance the Prometer New Parties Eschastron and Management New Parties Eschastron and New Parties Eschastron a | Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Periant Dissultant and Management 9205 Encounter 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Solithenter Live Divorker, New Petions Ferbatation and Management 9211 Encounter 1 1 1 1 990 990 930 830 830 830 830 830 830 830 830 830 8 | Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Selections the Disorder: Established Patient Evaluation and Management 9211 HF Encounter 21 27 \$4,860 \$211 \$180 \$180 \$180 \$180 \$180 \$180 \$180 \$1 | Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Substance Police Foundation and Management 9212 HF Encounter 0 0 0 50 50 50 50 50 | Established Patient Evaluation and Management | | 99211 | | Encounter | 1 | 1 | \$90 | \$90 | \$90 | 1 |
| Sabstance Use Disorder: Established Patient Evaluation and Management 99212 HF Encounter 128 301 S84,280 S658 S280 Since Administration of Management 128 Since Statistical Patient Evaluation and Man | Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sustained Policies Fischalation and Management 9213 | Established Patient Evaluation and Management | | 99212 | | Encounter | 21 | 27 | \$4,860 | \$231 | \$180 | 1 |
| Sistance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management 99214 | Established Patient Evaluation and Management | | 99213 | | Encounter | 128 | 301 | \$84,280 | \$658 | \$280 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management 99214 HF 30 Minutes 0 0 0 50 50 50 50 60 Minutes 1858 Bashbisch Patient Evaluation and Management 99215 HF 70 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Strabished Patient Evaluation and Management 9215 FS Minutes 33 38 \$27,245 \$826 \$717 | Established Patient Evaluation and Management | | 99214 | | Encounter | 99 | 203 | \$60,900 | \$615 | \$300 | 2 |
| Substance Use Disorder: Established Patient Evaluation and 99215 HF 70 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Madditional Codes-Physician Services 9921 15 Minutes 0 0 0 80 80 80 80 80 80 80 80 80 80 80 | Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 33 | 38 | \$27,245 | \$826 | \$717 | 1 |
| Additional Codes-Physician Services 99222 25 minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 9923 35 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99225 25 minutes 0 0 0 50 50 50 50 60 60 60 60 60 50 50 50 60 60 60 60 60 60 60 60 60 60 60 60 60 | Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 9921 <= 35 Minutes 0 0 0 50 50 50 50 60 60 60 60 60 50 50 50 60 60 60 60 60 60 60 50 50 60 60 60 60 60 60 60 60 60 60 60 60 60 | Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 <=30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99232 > 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99238 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99238 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99239 40 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99241 HF 60 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99252 HF 110 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Montcalm | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Montcalm | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 97 | 100 | \$8,000 | \$82 | \$80 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 347 | 357 | \$98,175 | \$283 | \$275 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 176 | 351 | \$63,094 | \$358 | \$180 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 5 | 6 | \$616 | \$123 | \$103 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 4 | 9 | \$1,440 | \$360 | \$160 | 2 |
| Home Based Services | | H0036 | | 15 Minutes | 267 | 20,584 | \$1,132,900 | \$4,243 | \$55 | 77 |
| Home Based Services | | H0036 | ST | 15 Minutes | 16 | 391 | \$21,505 | \$1,344 | \$55 | 24 |
| Peer Directed and Operated Support Services | | H0038 | | | 3 | 88 | \$4,809 | \$1,603 | \$55 | 29 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Montcalm | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 9 | 23 | \$2,507 | \$279 | \$109 | 3 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 2 | 9 | \$5,087 | \$2,544 | \$565 | 5 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 5 | 30 | \$3,000 | \$600 | \$100 | 6 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 3 | 1,263 | \$24,048 | \$8,016 | \$19 | 421 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 19 | 332 | \$14,784 | \$778 | \$45 | 17 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 10 | 492 | \$72,124 | \$7,212 | \$147 | 49 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 6 | 55 | \$5,067 | \$844 | \$92 | 9 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Montcalm | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 26 | 66 | \$23,965 | \$922 | \$363 | 3 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 15 | 15 | \$7,427 | \$495 | \$495 | 1 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 15 | 15 | \$7,427 | \$495 | \$495 | 1 |
| Health Services | | T1002 | | 15 Minutes | 12 | 140 | \$13,271 | \$1,106 | \$95 | 12 |
| Respite Care | | T1005 | | 15 minutes | 53 | 19,512 | \$102,343 | \$1,931 | \$5 | 368 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 1 | 2 | \$219 | \$219 | \$110 | 2 |
| Targeted Case Management | | T1017 | | Encounter | 104 | 1,916 | \$107,470 | \$1,033 | \$56 | 18 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 63 | 78 | \$21,573 | \$342 | \$277 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Montcalm | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 569 | | \$2,625,008 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| | Muskegon (HealthWest) | | | | Unit | | | | | | |
|--|--|---------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Seed Psychiatric Ringerial MDP PT Physicians cons celled 01,46,103,403,4014 9760 Days 0 0 0 30 50 90 0 0 0 0 0 0 0 0 | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 48 | 417 | \$430,344 | \$8,966 | \$1,032 | 9 |
| | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | | 0100 | | PT73 | Days | 9 | 68 | \$67,935 | \$7,548 | \$999 | 8 |
| Case Section Case Case | | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| PTBB | | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decal Psychilaric Hospital/Acute Community | | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Room and Board 0.144 | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Leave of Absence 0183 | Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Injustices Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Ingustient Hospital Ancillary Services - Medical Surgical Supplies 0270-0272 | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Laboratory | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia 0370 | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424 | ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology Path | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology 0470-0472 0 0 0 0 50 \$0 \$0 \$0 0 0 | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Collogy (MRT) Factor Collogy | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Technology (MRT) Inpatient Hospital Ancillary Services - Pharmacy 0636 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room O710 | | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Days 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Days 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 901, 0914-0919 | Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 # of visits 4 14 \$5,905 \$1,476 \$422 4 Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 0 | Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 | | | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | # of visits | 4 | 14 | \$5,905 | \$1,476 | \$422 | 4 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 Minutes 0 0 \$0 \$0 \$0 \$0 0 | Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Muskegon (HealthWest) | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 199 | 204 | \$36,212 | \$182 | \$178 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Services Canagery | Muskegon (HealthWest) | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|------------------|-------|-------|-----------|-----------|-----------|-----------|
| Sobstance Corporate: Operation Corporate Corpo | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| 1879 | Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 171 | 437 | \$30,721 | \$180 | \$70 | 3 |
| Month Feath Congressor Core 9983 | Substance Use Disorder: Outpatient Care | | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Accounter (1916, 1916, 1917) Accounter (1916, | Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 263 | 660 | \$61,558 | \$234 | \$93 | 3 |
| Mental Health Outputier Circ 90877 | Substance Use Disorder: Outpatient Care | | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marche Use Deorder: Outputient Curre | Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Accounter | Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 279 | 1,041 | \$171,109 | \$613 | \$164 | 4 |
| Psychotherapy for Crisis First 60 Minutes | Substance Use Disorder: Outpatient Care | | 90837 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Chiss Each Additional 30 Minutes | Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Decrupy-Family Therapy | Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 67 | 77 | \$17,010 | \$254 | \$221 | 1 |
| Substance Use Disorder: Outpatient Treatment (983) 998.69 498.6 HF Encounter 0 0 80 80 80 10 Therapy-Family Therapy | Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 3 | 14 | \$1,016 | \$339 | \$73 | 5 |
| Description | Therapy-Family Therapy | | 90846 | | Encounter | 39 | 74 | \$19,005 | \$487 | \$257 | 2 |
| Substance Use Disorder: Outpatient Treatment 0900, 0906, 0914, 90847 HF Encounter 0 0 0 50 50 50 50 10 Therapy-Family Therapy 90849 HS Encounter 0 0 0 50 50 50 50 Therapy-Family Therapy 90849 HS Encounter 0 0 0 50 50 50 Substance Use Disorder: Outpatient Treatment 0900, 0905, 0914, 90849 HF 0 0 0 50 50 50 Therapy-Family Therapy 90853 Encounter 213 1,531 897,754 8459 564 Therapy-Group Therapy 90853 HF Encounter 0 0 0 50 50 50 Therapy-Group Therapy 90853 HF Encounter 0 0 0 50 50 50 Therapy-Group Therapy 90853 HF Encounter 0 0 50 50 50 Therapy-Group Therapy 90853 HF Encounter 0 0 50 50 50 Therapy-Group Therapy 90853 HF Encounter 0 0 50 50 50 Therapy-Group Therapy 90853 HF Encounter 0 0 50 50 50 Therapy-Group Therapy 90853 HF Encounter 0 0 50 50 50 Therapy-Group Therapy 90853 HF Encounter 0 0 50 50 50 Therapy-Group Therapy 90853 HF Encounter 0 0 50 50 50 Therapy-Group Therapy 90853 Encounter 0 0 50 50 50 Therapy-Group Therapy 90853 Encounter 0 0 50 50 50 Therapy-Group Therapy 92507 Encounter 0 0 50 50 50 Therapy-Group Therapy 92521 Encounter 0 0 50 50 50 Therapy-Group Therapy 92522 Encounter 0 0 50 50 50 Therapy-Group Therapy 92524 Encounter 0 0 50 50 50 Therapy-Group Therapy 92526 Encounter 0 0 50 50 50 Therapy-Group Therapy 92507 Encounter 0 0 50 50 50 Therapy-Group Therapy 92507 Encounter 0 0 50 50 50 Therapy-Group Therapy 92507 Encounter 0 0 50 50 50 Therapy-Group Therapy 92507 Encounter 0 0 50 50 50 Therapy-Group Therapy 92507 Encounter 0 0 50 50 50 Therapy-Group Therapy 92508 Encounter 0 0 50 50 50 Therapy-Group Therapy 92507 Encounter | Substance Use Disorder: Outpatient Treatment | | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Partury Femily Pemily | Therapy-Family Therapy | | 90847 | | Encounter | 146 | 485 | \$75,665 | \$518 | \$156 | 3 |
| Therapy-Family Therapy 90849 HS Encounter 0 0 50 50 50 50 50 50 | Substance Use Disorder: Outpatient Treatment | | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outputient Treatment 0900, 0906, 0914, 0915, 0919 90849 HF 0 0 0 0 80 80 80 80 80 80 80 80 80 80 8 | Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Paragrago Therapy 90853 Encounter 213 1,531 597,754 5459 564 | Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment 0900, 0906, 0914, 0915, 0916, 0919 90853 HF Encounter 0 0 80 80 80 Pharmacological Management (SED Waiver) 90863 Encounter 0 0 50 \$0 \$0 Additional Codes-ECT Physician 90870 Encounter 0 0 \$0 | Substance Use Disorder: Outpatient Treatment | | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) 90863 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Therapy-Group Therapy | | 90853 | | Encounter | 213 | 1,531 | \$97,754 | \$459 | \$64 | 7 |
| Additional Codes-ECT Physician 90870 Encounter 0 0 0 50 50 50 50 40 Additional Codes-ECT Physician 0901 90870 Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Substance Use Disorder: Outpatient Treatment | | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician 0901 90870 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 90887 Encounter 7 9 \$367 \$52 \$41 Speech & Language Therapy 92507 Encounter 0 0 0 \$50 \$0 \$0 Speech & Language Therapy 92508 Encounter 0 0 0 \$50 \$0 \$0 Speech & Language Therapy 92521 Encounter 0 0 0 \$50 \$0 \$0 Speech & Language Therapy 92522 Encounter 0 0 0 \$50 \$0 Speech & Language Therapy 92523 First Hour 0 0 \$50 \$0 Speech & Language Therapy 92524 Each Additional 30 0 0 \$50 \$0 Speech & Language Therapy 92526 Encounter 0 0 0 \$50 \$0 Speech & Language Therapy 92526 Encounter 0 0 0 \$50 \$0 Speech & Language Therapy 92526 Encounter 0 0 0 \$50 \$0 Speech & Language Therapy 92526 Encounter 0 0 0 \$50 \$50 \$50 Speech & Language Therapy 92526 Encounter 0 0 0 \$50 \$50 \$50 Speech & Language Therapy 92607 Encounter 0 0 0 \$50 \$50 \$50 Speech & Language Therapy 92608 First Hour 0 0 5 50 \$50 \$50 Speech & Language Therapy 92609 Each Additional 15 0 5 50 \$50 \$50 \$50 Minutes | Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92507 Encounter 0 0 \$0 | Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92508 Encounter 0 0 0 50 50 50 50 50 | Assessments-Other | | 90887 | | Encounter | 7 | 9 | \$367 | \$52 | \$41 | 1 |
| Speech & Language Therapy 92521 Encounter 0 0 \$0 | Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92522 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92523 First Hour 0 0 \$0 | Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92524 Each Additional 30 Minutes 0 0 \$0 | Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes Speech & Language Therapy 92526 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92607 Encounter 0 0 \$0 | Speech & Language Therapy | | 92524 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92608 First Hour 0 0 \$0 | Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92609 Each Additional 15 0 0 \$0 \$0 \$0 \$0 Minutes Minutes | Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes | Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy 92610 Encounter 0 0 \$0 \$0 \$0 | Speech & Language Therapy | | 92609 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Muskegon (HealthWest) | | | | Unit | | | | | | |
|--|--------------|------------|---------------------------------------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 1 | 2 | \$471 | \$471 | \$236 | 2 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 10 | 21 | \$4,950 | \$495 | \$236 | 2 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 4 | 24 | \$125 | \$31 | \$5 | 6 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | · · · · · · · · · · · · · · · · · · · | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Service Category Occupational or Physical Therapy Occupational or Physical Therapy Occupational or Physical Therapy ABA Behavior Identification Assessment (new code effective 1/1/19) ABA Group Adaptive Behavior Treatment (new code effective 1/1/19) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) Physical Therapy Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy | Revenue Code | 97124 97140 97150 97151 97153 | Modifier U5 | Measure 15 Minutes 15 Minutes 15 Minutes 15 Minutes | Cases 0 0 0 | Units 0 0 0 | \$0 \$0 | Cost/Case \$0 \$0 | Cost/Unit \$0 \$0 | Unit/Case 0 |
|--|--------------|---|--------------|---|-------------|-------------|------------|-------------------------|-------------------------|-------------|
| Occupational or Physical Therapy Occupational or Physical Therapy ABA Behavior Identification Assessment (new code effective 1/1/19) ABA Adaptive Behavior Treatment (new code effective 1/1/19) ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy | | 97140 97150 97151 97153 | | 15 Minutes 15 Minutes | 0 | 0 | \$0 | | - '- | |
| Occupational or Physical Therapy ABA Behavior Identification Assessment (new code effective 1/1/19) ABA Adaptive Behavior Treatment (new code effective 1/1/19) ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | | 97150 97151 97153 | | 15 Minutes | 0 | | | \$0 | \$0 | |
| ABA Behavior Identification Assessment (new code effective 1/1/19) ABA Adaptive Behavior Treatment (new code effective 1/1/19) ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | | 97151 97153 | | | | 0 | 0.0 | | | 0 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | | 97153 | | 15 Minutes | | | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | | | | | 1 | 5 | \$150 | \$150 | \$30 | 5 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | | | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | | 97155 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) Physical Therapy Physical Therapy Physical Therapy Occupational Therapy | | 97156 | U5 | Encounter | 1 | 4 | \$120 | \$120 | \$30 | 4 |
| code effective 1/1/19) Physical Therapy Physical Therapy Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy Physical Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy Occupational Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy Occupational Therapy Occupational Therapy Occupational or Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy Occupational Therapy Occupational or Physical Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy Occupational or Physical Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97167 | | 15 Minutes | 3 | 3 | \$1,807 | \$602 | \$602 | 1 |
| . | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | 97530 | | 15 Minutes | 1 | 2 | \$317 | \$317 | \$158 | 2 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Muskegon (HealthWest) Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | | 99202 | 111 | Encounter | O . | 0 | 30 | 30 | 30 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 1 | 1 | \$29 | \$29 | \$29 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 17 | 19 | \$837 | \$49 | \$44 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 65 | 80 | \$5,348 | \$82 | \$67 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 164 | 277 | \$28,492 | \$174 | \$103 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 200 | 498 | \$78,789 | \$394 | \$158 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Muskegon (HealthWest) | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | - | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | - | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | - | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | - | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Muskegon (HealthWest) | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 22 | 45 | \$21,285 | \$968 | \$473 | 2 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 1 | 1 | \$710 | \$710 | \$710 | 1 |
| Assessment | | H0031 | | Encounter | 1,008 | 1,243 | \$443,503 | \$440 | \$357 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 431 | 577 | \$125,859 | \$292 | \$218 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 201 | 9,134 | \$1,904,987 | \$9,478 | \$209 | 45 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 4 | 62 | \$5,821 | \$1,455 | \$94 | 16 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | - | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Muskegon (HealthWest) | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 2 | 4 | \$280 | \$140 | \$70 | 2 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 129 | 513 | \$51,120 | \$396 | \$100 | 4 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 28 | 1,354 | \$13,142 | \$469 | \$10 | 48 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 51 | 2,606 | \$160,373 | \$3,145 | \$62 | 51 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 7 | 76 | \$24,958 | \$3,565 | \$328 | 11 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 10 | 446 | \$50,287 | \$5,029 | \$113 | 45 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | · | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Muskegon (HealthWest) | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 69 | 318 | \$24,313 | \$352 | \$76 | 5 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 1 | 1 | \$3,600 | \$3,600 | \$3,600 | 1 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 3 | 5 | \$498 | \$166 | \$100 | 2 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 9 | 53 | \$9,435 | \$1,048 | \$178 | 6 |
| Respite Care | | T1005 | | 15 minutes | 1 | 1,570 | \$1,570 | \$1,570 | \$1 | 1,570 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 187 | 1,612 | \$164,811 | \$881 | \$102 | 9 |
| Targeted Case Management | | T1017 | | Encounter | 112 | 1,437 | \$151,848 | \$1,356 | \$106 | 13 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 88 | 120 | \$25,902 | \$294 | \$216 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Muskegon (HealthWest) | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 2 | 2 | \$2 | \$1 | \$1 | 1 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 3 | 3 | \$3 | \$1 | \$1 | 1 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | · | | - | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,243 | | \$4,320,344 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Network180 | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 172 | 1,608 | \$1,571,862 | \$9,139 | \$977 | 9 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 49 | 378 | \$49,566 | \$1,012 | \$131 | 8 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 13 | 81 | \$68,607 | \$5,277 | \$847 | 6 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 1 | 9 | \$1,218 | \$1,218 | \$134 | 9 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 54 | 232 | \$78,707 | \$1,458 | \$339 | 4 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Service Changers (Service Children) (Service Childr | Network180 | D | HCDCS C. 1. | M. Ec. | Unit | Corre | TT-5- | G. I | G1/G | Contract | H-4/C |
|--|--|-----------|-------------|----------|------------------|-------|-------|-----------|---------|----------|-------|
| Millerine (Caber 2CT Accordance 1971 1 | | | HCPCS Code | Modifier | | | | | | | |
| Add And Andrew No Control (Note: C | | 0940-0942 | | | | | | | | | |
| MA Markey Reministant Assessment Solver code reinted 10397 105 114 100 1 | | | | | | | | | | | |
| March Relations of pilots of pilot | · | 0901 | | | | | | | | | |
| Marie Reference FLFFF Mari | | | 0359T | U5 | | 6 | 6 | \$2,880 | \$480 | \$480 | 1 |
| Minuse M | | | 0362T | U5 | First 30 Minutes | 1 | 1 | \$60 | \$60 | \$60 | 1 |
| AbA Adaptive Tennment None code retard [23/15] 0.847 0.847 0.848 0.8 | | | 0362T | U5 | | 1 | 8 | \$240 | \$240 | \$30 | 8 |
| Manual | | | 0363T | U5 | First 30 Minutes | 1 | 3 | \$180 | \$180 | \$60 | 3 |
| ABA Cargon Matgrive Behavior Treatment (Note: code reited 1966T 195 19 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | | 14 | 311 | \$7,828 | \$559 | \$25 | 22 |
| Maintenant Maintenan | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 15 | 2,026 | \$50,832 | \$3,389 | \$25 | 135 |
| 12-11 13-11 13-12 13-12 13-12 13-13 13-1 | | | 0366T | U5 | | 1 | 13 | \$102 | \$102 | \$8 | 13 |
| Part | | | 0367T | U5 | Encounter | 1 | 81 | \$637 | \$637 | \$8 | 81 |
| Part | | | 0368T | U5 | Encounter | 11 | 78 | \$4,680 | \$425 | \$60 | 7 |
| 123118 1231 | | | 0369T | U5 | Encounter | 11 | 211 | \$12,660 | \$1,151 | \$60 | 19 |
| 12/31/18 | | | 0370T | U5 | First 60 Minutes | 7 | 39 | \$4,680 | \$669 | \$120 | 6 |
| Minutes Minu | | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective I/I/IP) Secure 1 | | | 0372T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per 15 minutes effective 1/1/19 ABA Exposure Adaptive Behavior Treatment(Note: code retired 1/2/31/18 Trug Screen | | | 0373T | U5 | Encounter | 1 | 21 | \$2,100 | \$2,100 | \$100 | 21 |
| Prig Screen 80305 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 \$0 <td></td> <td></td> <td>0374T</td> <td>U5</td> <td>Encounter</td> <td>1</td> <td>43</td> <td>\$2,150</td> <td>\$2,150</td> <td>\$50</td> <td>43</td> | | | 0374T | U5 | Encounter | 1 | 43 | \$2,150 | \$2,150 | \$50 | 43 |
| Drug Screen 80307 Encounter 0 0 50 50 50 0 0 0 0 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Heractive Complexity - Add On Code 90785 Encounter 0 0 50 50 50 0 0 0 0 | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 0 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 0 Assessment 90791 HF Encounter 9 9 \$727 \$81 \$81 1 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 0 Assessment 90791 Encounter 9 9 \$727 \$81 \$81 1 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 Encounter 9 9 \$727 \$81 \$81 1 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 0 0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$175,219 \$582 \$549 \$1 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 | Assessment | | 90791 | | Encounter | 9 | 9 | \$727 | \$81 | \$81 | 1 |
| Assessment 90792 30 Minutes 301 319 \$175,219 \$582 \$549 1 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90792 | | 30 Minutes | 301 | 319 | \$175,219 | \$582 | \$549 | 1 |
| Assessment for Autism 90792 U5 30 Minutes 0 0 \$0 \$0 \$0 \$0 0 | Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Network180 | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 197 | 456 | \$55,480 | \$282 | \$122 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 691 | 6,963 | \$632,975 | \$916 | \$91 | 10 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 328 | 1,076 | \$147,875 | \$451 | \$137 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 10 | 11 | \$5,015 | \$502 | \$456 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 25 | 28 | \$12,307 | \$492 | \$440 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 92 | 240 | \$123,990 | \$1,348 | \$517 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 4 | 4 | \$140 | \$35 | \$35 | 1 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Network180 | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 1 | 2 | \$185 | \$185 | \$93 | 2 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 3 | 22 | \$2,917 | \$972 | \$133 | 7 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 16 | 16 | \$1,480 | \$93 | \$93 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 16 | 30 | \$2,775 | \$173 | \$93 | 2 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 15 | 15 | \$1,919 | \$128 | \$128 | 1 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 16 | 38 | \$4,899 | \$306 | \$129 | 2 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 23 | 23 | \$1,304 | \$57 | \$57 | 1 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 22 | 111 | \$6,194 | \$282 | \$56 | 5 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Network180 | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 11 | 68 | \$2,040 | \$185 | \$30 | 6 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 11 | 11,974 | \$149,026 | \$13,548 | \$12 | 1,089 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 11 | 1,464 | \$41,306 | \$3,755 | \$28 | 133 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 7 | 313 | \$8,086 | \$1,155 | \$26 | 45 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 3 | 3 | \$671 | \$224 | \$224 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 7 | 7 | \$1,897 | \$271 | \$271 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Network180 Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | | 77202 | 111 | Encounter | | | Ψ0 | Ψ0 | Ψ0 | |
| New Patient Evaluation and Management | | 99203 | | Encounter | 26 | 26 | \$6,174 | \$237 | \$237 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 19 | 19 | \$11,679 | \$615 | \$615 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 167 | 167 | \$73,748 | \$442 | \$442 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 7 | 13 | \$303 | \$43 | \$23 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 33 | 36 | \$2,056 | \$62 | \$57 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 436 | 1,129 | \$113,311 | \$260 | \$100 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 196 | 411 | \$74,801 | \$382 | \$182 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 8 | 8 | \$5,026 | \$628 | \$628 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Network180 | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | - | Encounter | 7 | 158 | \$517 | \$74 | \$3 | 23 |

Children with Serious Emotional Disturbance

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| Network180 | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 1,037 | 1,123 | \$206,397 | \$199 | \$184 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 124 | 895 | \$387,736 | \$3,127 | \$433 | 7 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 346 | 372 | \$240,556 | \$695 | \$647 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 82 | 83 | \$38,972 | \$475 | \$470 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 1,014 | 71,124 | \$2,928,967 | \$2,889 | \$41 | 70 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 1 | 1 | \$136 | \$136 | \$136 | 1 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Network180 | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 1 | 2 | \$480 | \$480 | \$240 | 2 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 542 | 1,972 | \$275,216 | \$508 | \$140 | 4 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 111 | 14,735 | \$101,275 | \$912 | \$7 | 133 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 15 | 687 | \$10,062 | \$671 | \$15 | 46 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 232 | 11,162 | \$721,575 | \$3,110 | \$65 | 48 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 57 | 879 | \$297,520 | \$5,220 | \$338 | 15 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 41 | 5,460 | \$352,989 | \$8,609 | \$65 | 133 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Network180 | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 952 | 7,763 | \$550,467 | \$578 | \$71 | 8 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 3 | 18 | \$7,045 | \$2,348 | \$391 | 6 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 372 | 15,415 | \$615,056 | \$1,653 | \$40 | 41 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 93 | 669 | \$17,199 | \$185 | \$26 | 7 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 88 | 88 | \$22,707 | \$258 | \$258 | 1 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 118 | 20,374 | \$79,287 | \$672 | \$4 | 173 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Targeted Case Management | | T1017 | | Encounter | 730 | 31,255 | \$1,246,994 | \$1,708 | \$40 | 43 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 685 | 924 | \$467,379 | \$682 | \$506 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Network180 | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|--------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 20 | 491 | \$25,041 | \$1,252 | \$51 | 25 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 9 | 40 | \$3,570 | \$397 | \$89 | 4 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 67 | 0 | \$2,670 | \$40 | \$0 | 0 |
| Total Population and Cost | | | | | 3,475 | | \$12,124,323 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Service Capagers | Newaygo | | | | Unit | | | | | | |
|--|--|---------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Face Popularie Ringerial MDP Pophysician cost actuals of 04,024,013,013 976 0 | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 18 | 235 | \$251,882 | \$13,993 | \$1,072 | 13 |
| | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 3 | 46 | \$7,891 | \$2,630 | \$172 | 15 |
| | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Part | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Perform Perf | | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Coach Pecchinaris Pengulari Acoustic Community Perf P | | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| PT68 | | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 4 | 11 | \$10,365 | \$2,591 | \$942 | 3 |
| Decal Psychiatric Hospital Acuellary Services - Room and Board 0144 0 of nems 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Lorentory 0250054, 0257-0258 0 of network 0 of news 0 | | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquitient Hospital Auxillary Services - Room and Roard 0.144 | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Leave of Absence 0.183 | Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inputient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical Surgical Supplies 0270 0272 | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Radiology | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia 0370 | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424 | ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology 0470-0472 0 0 0 0 S0 S | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance 0610-0611 | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy 0636 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room O710 | | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Days 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Days 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 900, 0902-0904, 0914-0919 900, 0902-0904, 0914-0919 | Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 # of visits 0 0 \$0 | Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 | | | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 Minutes 0 0 \$0 \$0 \$0 0 | Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Newaygo Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0040 0042 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0740-0742 | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 4 | 15 | \$664 | \$166 | \$44 | 4 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 87 | 87 | \$3,275 | \$38 | \$38 | 1 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 82 | 419 | \$14,956 | \$182 | \$36 | 5 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 11 | 11 | \$639 | \$58 | \$58 | 1 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 11 | 33 | \$1,917 | \$174 | \$58 | 3 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 34 | 34 | \$4,534 | \$133 | \$133 | 1 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 30 | 48 | \$6,427 | \$214 | \$134 | 2 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 1 | 1 | \$197 | \$197 | \$197 | 1 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 78 | 78 | \$69,935 | \$897 | \$897 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Newaygo | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 612 | 612 | \$108,119 | \$177 | \$177 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 793 | 793 | \$174,765 | \$220 | \$220 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 303 | 303 | \$111,000 | \$366 | \$366 | 1 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 121 | 121 | \$60,281 | \$498 | \$498 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 275 | 275 | \$81,357 | \$296 | \$296 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 15 | 15 | \$4,837 | \$322 | \$322 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1 | | | | | - | - | Τ | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Newaygo | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 2 | 3 | \$907 | \$453 | \$302 | 2 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 19 | 19 | \$490 | \$26 | \$26 | 1 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Newaygo | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 1 | 3 | \$133 | \$133 | \$44 | 3 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 390 | 4,608 | \$92,421 | \$237 | \$20 | 12 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 1 | 10 | \$170 | \$170 | \$17 | 10 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 143 | 592 | \$34,751 | \$243 | \$59 | 4 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 10 | 28 | \$1,319 | \$132 | \$47 | 3 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Newaygo Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 334 | 334 | \$63,476 | \$190 | \$190 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 309 | 309 | \$109,731 | \$355 | \$355 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 4 | 4 | \$2,492 | \$623 | \$623 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 1 | 1 | \$136 | \$136 | \$136 | 1 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 1 | 1 | \$201 | \$201 | \$201 | 1 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 9 | 9 | \$353 | \$39 | \$39 | 1 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 2 | 2 | \$145 | \$72 | \$72 | 1 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Newaygo | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Newaygo | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 82 | 82 | \$8,896 | \$108 | \$108 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 376 | 376 | \$97,906 | \$260 | \$260 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 12 | 12 | \$4,159 | \$347 | \$347 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 157 | 157 | \$23,051 | \$147 | \$147 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 2,514 | 8,819 | \$662,693 | \$264 | \$75 | 4 |
| Home Based Services | | H0036 | ST | 15 Minutes | 87 | 239 | \$19,982 | \$230 | \$84 | 3 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Newaygo | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|---------------------------------------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 11 | 38 | \$3,189 | \$290 | \$84 | 3 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 2 | 13 | \$1,161 | \$580 | \$89 | 7 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 108 | 1,957 | \$10,073 | \$93 | \$5 | 18 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 154 | 473 | \$45,315 | \$294 | \$96 | 3 |
| Behavior Services | | H2019 | TT | Days | 211 | 906 | \$88,868 | \$421 | \$98 | 4 |
| Wraparound | | H2021 | | 15 minutes | 85 | 325 | \$72,289 | \$850 | \$222 | 4 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Newaygo | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 121 | 121 | \$38,344 | \$317 | \$317 | 1 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 334 | 334 | \$155,655 | \$466 | \$466 | 1 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 91 | 2,670 | \$11,532 | \$127 | \$4 | 29 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Targeted Case Management | | T1017 | | Encounter | 877 | 2,169 | \$331,271 | \$378 | \$153 | 2 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 57 | 57 | \$24,120 | \$423 | \$423 | 1 |

Children with Serious Emotional Disturbance

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| Newaygo | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 62 | 62 | \$3,429 | \$55 | \$55 | 1 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 9,201 | | \$2,821,699 | · | · | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| North Country Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 11 | 266 | \$296,080 | \$26,916 | \$1,113 | 24 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled | 0100 | | PT73 | Days | 48 | 441 | \$366,434 | \$7,634 | \$831 | 9 |
| per diem | | | | | | | | | | |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| North Country | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | | Heres code | Woullei | | | | | | | |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | s 0940-0942 | 20101 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 2004 | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 1 | 21 | \$537 | \$537 | \$26 | 21 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 1 | 110 | \$2,812 | \$2,812 | \$26 | 110 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 1 | 2 | \$123 | \$123 | \$61 | 2 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 1 | 8 | \$491 | \$491 | \$61 | 8 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 64 | 64 | \$55,547 | \$868 | \$868 | 1 |
| | | | | | | | | | | |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| North Country | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 102 | 167 | \$24,875 | \$244 | \$149 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 270 | 1,120 | \$267,684 | \$991 | \$239 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 277 | 1,310 | \$397,947 | \$1,437 | \$304 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | · | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 33 | 83 | \$23,894 | \$724 | \$288 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 92 | 288 | \$77,537 | \$843 | \$269 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 3 | 30 | \$3,622 | \$1,207 | \$121 | 10 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | - | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Serves (Largery Serves (La | North Country | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|----------------------|-------|-------|-------|-----------|-----------|-----------|
| | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| | Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 1 | 1 | \$428 | \$428 | \$428 | 1 |
| | Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sessements - Testing Plants - Code Personal (1971/18) | Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other 9607 | Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment Other | Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minuses Minu | Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments-Other | | 96110 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments Tenign Note code retinal | Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) 96119 | Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing (Note: code retired 1231/18) 96119 U5 0 0 0 50 50 50 50 0 0 Assessment for AuthorNotice: code retired 1231/18) 96119 U5 0 0 0 0 50 50 50 50 50 0 0 Assessments - Testing 96121 First Hour 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) 96119 U5 | Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing (Note: code retired 12/31/18) 96120 First Hour 0 0 0 50 50 50 50 0 0 Assessments - Testing 96121 Each Additional Hour 0 0 0 50 50 50 50 0 0 Assessments - Testing 96130 Each Additional Hour 3 3 3 3 5886 5329 5329 1 1 Assessment for Autism 96130 U5 First Hour 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing 96130 Each Additional Hour 0 0 80 80 80 80 80 80 | Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment Frestring 96130 Each Additional Hour 3 3 \$986 \$329 \$329 1 | Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96130 U5 First Hour 0 0 80 80 80 Accessed Assessments - Testing 96131 First Hour 1 1 \$496 \$496 \$496 1 Assessments - Testing 96131 U5 Each Additional Hour 0 0 \$50 \$50 \$50 \$60 \$60 \$60 \$60 \$50 \$50 \$50 \$60 | Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing 96131 | Assessments - Testing | | 96130 | | Each Additional Hour | 3 | 3 | \$986 | \$329 | \$329 | 1 |
| Assessment for Autism 96131 U5 Each Additional Hour 0 0 50 50 50 50 0 | Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing 96132 Each Additional Hour 0 0 0 50 50 50 50 0 0 Assessment for Autism 96132 U5 First 30 Minutes 0 0 0 50 50 50 50 0 0 Assessments - Testing 96133 U5 Each Additional 30 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Assessments - Testing | | 96131 | | First Hour | 1 | 1 | \$496 | \$496 | \$496 | 1 |
| Assessment for Autism 96132 U5 First 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing 96133 First 30 Minutes 0 0 S0 S0 S0 S0 0 0 Assessment for Autism 96133 U5 Each Additional 30 0 0 0 S0 S0 S0 S0 D0 D | Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96133 U5 Each Additional 30 0 0 0 50 50 50 50 0 | Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Seesments - Testing 96136 15 Additional 30 10 10 10 10 10 10 10 | Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes Minu | Assessment for Autism | | 96133 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Seessments - Testing 96137 Each Additional 30 0 0 \$0 \$0 \$0 \$0 \$0 \$ | Assessments - Testing | | 96136 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 96137 U5 Encounter 0 0 \$0 | Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing 96138 Encounter 0 0 \$0 | Assessments - Testing | | 96137 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing 96139 15 Minutes 0 0 \$0 | Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing 96146 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$199 3 Medication Administration 96372 15 Minutes 1 3 \$596 \$596 \$199 3 Occupational or Physical Therapy 97110 15 Minutes 0 0 \$0 | Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration 96372 15 Minutes 1 3 \$596 \$596 \$199 3 Occupational or Physical Therapy 97110 15 Minutes 0 0 \$0 | Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97110 15 Minutes 0 0 \$0 </td <td>Assessments - Testing</td> <td></td> <td>96146</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97112 15 Minutes 0 0 \$0 </td <td>Medication Administration</td> <td></td> <td>96372</td> <td></td> <td>15 Minutes</td> <td>1</td> <td>3</td> <td>\$596</td> <td>\$596</td> <td>\$199</td> <td>3</td> | Medication Administration | | 96372 | | 15 Minutes | 1 | 3 | \$596 | \$596 | \$199 | 3 |
| Occupational or Physical Therapy 97112 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97110</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97113 15 Minutes 0 0 \$0 </td <td>-</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | - | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| North Country | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 2 | 72 | \$1,565 | \$782 | \$22 | 36 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 3 | 2,965 | \$37,732 | \$12,577 | \$13 | 988 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 3 | 465 | \$10,929 | \$3,643 | \$24 | 155 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 3 | 150 | \$3,367 | \$1,122 | \$22 | 50 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| North Country Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|------------|------------|------------|-----------|
| Substance Use Disorder: New Patient Evaluation and | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | HF | | 0 | 0 | \$0 \$0 | \$0 \$0 | \$0 \$0 | |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | пг | Encounter | 0 | 0 | \$0 | 20 | 20 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 118 | 243 | \$72,624 | \$615 | \$299 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 52 | 87 | \$18,956 | \$365 | \$218 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 111 | 214 | \$44,034 | \$397 | \$206 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 101 | 188 | \$45,334 | \$449 | \$241 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 52 | 88 | \$34,346 | \$660 | \$390 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| North Country | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| North Country | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 22 | 227 | \$104,472 | \$4,749 | \$460 | 10 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 457 | 484 | \$238,844 | \$523 | \$493 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 1 | 1 | \$620 | \$620 | \$620 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 446 | 664 | \$174,986 | \$392 | \$264 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 44 | 76 | \$11,357 | \$258 | \$149 | 2 |
| Home Based Services | | H0036 | | 15 Minutes | 60 | 5,995 | \$581,291 | \$9,688 | \$97 | 100 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| North Country | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 220 | 1,157 | \$75,294 | \$342 | \$65 | 5 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 1 | 136 | \$4,654 | \$4,654 | \$34 | 136 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 4 | 588 | \$96,538 | \$24,135 | \$164 | 147 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 7 | 246 | \$23,771 | \$3,396 | \$97 | 35 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| North Country | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 4 | 22 | \$7,881 | \$1,970 | \$358 | 6 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 1 | 27 | \$9,749 | \$9,749 | \$361 | 27 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 2 | 2 | \$348 | \$174 | \$174 | 1 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 16 | 954 | \$110,016 | \$6,876 | \$115 | 60 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 9 | 9 | \$1,943 | \$216 | \$216 | 1 |
| Health Services | | T1002 | | 15 Minutes | 15 | 33 | \$3,786 | \$252 | \$115 | 2 |
| Respite Care | | T1005 | | 15 minutes | 4 | 1,449 | \$3,262 | \$816 | \$2 | 362 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 15 | 119 | \$10,954 | \$730 | \$92 | 8 |
| Targeted Case Management | | T1017 | | Encounter | 76 | 1,034 | \$97,053 | \$1,277 | \$94 | 14 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 4 | 588 | \$4,050 | \$1,012 | \$7 | 147 |
| Assessments | | T1023 | | Encounter | 84 | 106 | \$29,339 | \$349 | \$277 | 1 |

Children with Serious Emotional Disturbance

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| North Country | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 3 | 17 | \$1,931 | \$644 | \$114 | 6 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | <u> </u> | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 806 | | \$3,381,116 | | | |

Children with Serious Emotional Disturbance

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| Northeast Michigan | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 9 | 157 | \$171,122 | \$19,014 | \$1,090 | 17 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 9 | 58 | \$52,132 | \$5,792 | \$899 | 6 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

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| Northeast Michigan | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|--|--------------|-------------|-----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | | Tieres code | Wiodifici | | | | | | | |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | 20101 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 11 | 11 | \$5,014 | \$456 | \$456 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 19 | 717 | \$20,491 | \$1,078 | \$29 | 38 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 19 | 4,129 | \$117,209 | \$6,169 | \$28 | 217 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 2 | 31 | \$506 | \$253 | \$16 | 16 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 2 | 42 | \$685 | \$343 | \$16 | 21 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 18 | 182 | \$10,453 | \$581 | \$57 | 10 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 17 | 424 | \$23,514 | \$1,383 | \$55 | 25 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 18 | 47 | \$5,209 | \$289 | \$111 | 3 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 110 | 110 | \$89,248 | \$811 | \$811 | 1 |
| | | | | | | | | | | |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Northeast Michigan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 41 | 166 | \$12,679 | \$309 | \$76 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 77 | 309 | \$48,697 | \$632 | \$158 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 59 | 327 | \$58,209 | \$987 | \$178 | 6 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 15 | 43 | \$6,652 | \$443 | \$155 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 25 | 51 | \$8,285 | \$331 | \$162 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Northeast Michigan | | | | Unit | | | | | | |
|--|--------------|------------|---------------------------------------|-------------------------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 1 | 1 | \$303 | \$303 | \$303 | 1 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 1 | 1 | \$303 | \$303 | \$303 | 1 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 1 | 1 | \$152 | \$152 | \$152 | 1 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 1 | 3 | \$455 | \$455 | \$152 | 3 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | · · · · · · · · · · · · · · · · · · · | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Northeast Michigan | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cont/Con | Cost/Unit | Unit/Case |
|--|--------------|------------|-----------|------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | | Wiodiller | Measure | | | | Cost/Case | | |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 24 | 215 | \$9,689 | \$404 | \$45 | 9 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 28 | 29,199 | \$375,192 | \$13,400 | \$13 | 1,043 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 3 | 533 | \$4,348 | \$1,449 | \$8 | 178 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 28 | 3,743 | \$108,683 | \$3,882 | \$29 | 134 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 27 | 444 | \$12,177 | \$451 | \$27 | 16 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 2 | 9 | \$566 | \$283 | \$63 | 5 |
| Assessment or Health Services | | 97803 | | Encounter | 2 | 6 | \$320 | \$160 | \$53 | 3 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | · | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Northeast Michigan | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|------------|
| Service Category | Revenue Code | | | Measure | | | | | | Ullit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 8 | 8 | \$424 | \$53 | \$53 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 2 | 2 | \$368 | \$184 | \$184 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 221 | 584 | \$124,775 | \$565 | \$214 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 175 | 337 | \$97,044 | \$555 | \$288 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 1 | 2 | \$350 | \$350 | \$175 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 14 | 118 | \$58,286 | \$4,163 | \$494 | 8 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 259 | 272 | \$63,579 | \$245 | \$234 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 26 | 33 | \$17,180 | \$661 | \$521 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 147 | 257 | \$55,996 | \$381 | \$218 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 1 | 2 | \$221 | \$221 | \$111 | 2 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 37 | 2,448 | \$121,559 | \$3,285 | \$50 | 66 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 99 | 419 | \$23,887 | \$241 | \$57 | 4 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 36 | 4,683 | \$62,608 | \$1,739 | \$13 | 130 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 22 | 1,307 | \$70,766 | \$3,217 | \$54 | 59 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 83 | 144 | \$5,356 | \$65 | \$37 | 2 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Northeast Michigan | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 51 | 105 | \$17,108 | \$335 | \$163 | 2 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 1 | 1 | \$111 | \$111 | \$111 | 1 |
| Prevention Services - Direct Model | | S9482 | | Days | 5 | 194 | \$10,282 | \$2,056 | \$53 | 39 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 1 | 1 | \$105 | \$105 | \$105 | 1 |
| Health Services | | T1002 | | 15 Minutes | 1 | 12 | \$329 | \$329 | \$27 | 12 |
| Respite Care | | T1005 | | 15 minutes | 13 | 9,177 | \$23,565 | \$1,813 | \$3 | 706 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 34 | 924 | \$61,674 | \$1,814 | \$67 | 27 |
| Targeted Case Management | | T1017 | | Encounter | 149 | 6,682 | \$370,677 | \$2,488 | \$55 | 45 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 67 | 90 | \$19,920 | \$297 | \$221 | 1 |

Children with Serious Emotional Disturbance

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| Northeast Michigan | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 5 | 6 | \$2,689 | \$538 | \$448 | 1 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 2 | 17 | \$2,802 | \$1,401 | \$165 | 9 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 8 | 160 | \$1,408 | \$176 | \$9 | 20 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | - | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 411 | | \$2,355,362 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Northern Lakes | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 54 | 740 | \$757,607 | \$14,030 | \$1,024 | 14 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 18 | 157 | \$141,721 | \$7,873 | \$903 | 9 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 1 | 5 | \$5,396 | \$5,396 | \$1,079 | 5 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$47,748 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$9,272 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Northern Lakes | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 1 | 1 | \$516 | \$516 | \$516 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 2 | 14 | \$376 | \$188 | \$27 | 7 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 2 | 92 | \$2,472 | \$1,236 | \$27 | 46 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 2 | 4 | \$202 | \$101 | \$51 | 2 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 2 | 10 | \$513 | \$257 | \$51 | 5 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 1 | 2 | \$183 | \$183 | \$92 | 2 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 25 | 26 | \$7,301 | \$292 | \$281 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 60 | 63 | \$33,887 | \$565 | \$538 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Northern Lakes | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 11 | 12 | \$1,460 | \$133 | \$122 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 74 | 280 | \$34,510 | \$466 | \$123 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 115 | 460 | \$97,978 | \$852 | \$213 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | · | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 34 | 46 | \$8,055 | \$237 | \$175 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 327 | 2,365 | \$390,709 | \$1,195 | \$165 | 7 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 13 | 91 | \$13,280 | \$1,022 | \$146 | 7 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 1 | 1 | \$236 | \$236 | \$236 | 1 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Northern Lakes | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 1 | 2 | \$634 | \$634 | \$317 | 2 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 4 | 13 | \$4,122 | \$1,031 | \$317 | 3 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 2 | 2 | \$645 | \$323 | \$323 | 1 |
| Assessment for Autism | | 96130 | U5 | First Hour | 3 | 3 | \$967 | \$322 | \$322 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 7 | 14 | \$4,514 | \$645 | \$322 | 2 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 3 | 10 | \$3,225 | \$1,075 | \$323 | 3 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 1 | 1 | \$161 | \$161 | \$161 | 1 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 3 | 15 | \$4,305 | \$1,435 | \$287 | 5 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Northern Lakes | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Northern Lakes Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 12 | 12 | \$1,348 | \$112 | \$112 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 140 | 448 | \$102,832 | \$735 | \$230 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 7 | 8 | \$2,408 | \$344 | \$301 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Northern Lakes | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 16 | 17 | \$4,498 | \$281 | \$265 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 21 | 202 | \$97,853 | \$4,660 | \$484 | 10 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 438 | 476 | \$226,606 | \$517 | \$476 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 5 | 5 | \$2,553 | \$511 | \$511 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 357 | 641 | \$242,102 | \$678 | \$378 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 1 | 1 | \$295 | \$295 | \$295 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 168 | 13,017 | \$1,204,139 | \$7,167 | \$93 | 77 |
| Home Based Services | | H0036 | ST | 15 Minutes | 1 | 28 | \$2,257 | \$2,257 | \$81 | 28 |
| Peer Directed and Operated Support Services | | H0038 | | | 4 | 10 | \$430 | \$108 | \$43 | 3 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 4 | 13 | \$4,726 | \$1,182 | \$364 | 3 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 177 | 789 | \$94,943 | \$536 | \$120 | 4 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 261 | 1,463 | \$231,784 | \$888 | \$158 | 6 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 2 | 1,137 | \$5,537 | \$2,769 | \$5 | 569 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 50 | 4,015 | \$359,488 | \$7,190 | \$90 | 80 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 2 | 14 | \$6,280 | \$3,140 | \$449 | 7 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 56 | 99 | \$5,761 | \$103 | \$58 | 2 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Northern Lakes | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 2 | 4 | \$765 | \$383 | \$191 | 2 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 41 | 475 | \$90,880 | \$2,217 | \$191 | 12 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 10 | 380 | \$30,634 | \$3,063 | \$81 | 38 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 3 | 1,693 | \$8,426 | \$2,809 | \$5 | 564 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 1 | 4 | \$322 | \$322 | \$81 | 4 |
| Targeted Case Management | | T1017 | | Encounter | 137 | 3,823 | \$259,459 | \$1,894 | \$68 | 28 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 234 | 344 | \$168,324 | \$719 | \$489 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Northern Lakes | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 2 | 64 | \$1,101 | \$551 | \$17 | 32 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 2 | 2 | \$1,334 | \$667 | \$667 | 1 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 17 | 93 | \$15,494 | \$911 | \$167 | 5 |
| Respite Care | | T2037 | | Per Item | 2 | 10 | \$1,141 | \$571 | \$114 | 5 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | · | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 927 | | \$4,745,715 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Northpointe | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 13 | 122 | \$150,717 | \$11,594 | \$1,235 | 9 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 3 | 25 | \$34,266 | \$11,422 | \$1,371 | 8 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Impatient Hospital Ancillary Services - Other Therapeutic Services 0940-0942 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | Northpointe | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Millional Code-Self Lasenbesis 9818 98 | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Matthian M | Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Max Banker's femeritation Assessment Nine: code resided 1987 1988 1988 1988 1989 | Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| March Relational Pollows per Assessment reporting unat of per 15 967 978 988 | Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marie Maches Methods Pollow-gas Assessment (reporting units of port 15 | | | 0359T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Manuse M | | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| AbA Adaptive Tenument Note: ode reined 12/11/8) | | | 0362T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Adaptive Treatment (Note: code retired 123118) | | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clarge properties Belavier Teatment (Note: code retired 9.68fT 9.5 Each Additional 30 9. | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| AAA Group Adaptive Behavior Treatment (Note: code retried 1987 1988 1988 1989 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1231189 1231 | | | 0366T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Restaurce/Note: code retined 123/18/19 Sexounter | | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| National Petawito Neteriated 12/31/18 18/32 18/3 | | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 1031 | | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 123118 1231 | | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes Minu | | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective IA/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (Note: code retired IA/31/18) ABA Exposure Adaptive Behavior Treatment (Note: code retired IA/31/18) ABA Exposure Adaptive Behavior Treatment (Note: code 0374T U5 Encounter 0 0 80 80 80 80 Drug Screen 80305 Encounter 0 0 80 80 80 80 Drug Screen 80306 Encounter 0 0 80 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 80 80 Drug Screen 80307 Encounter 0 0 80 Drug Screen 80307 Encounter 0 0 80 Drug Screen 80307 Encounter 0 0 80 Drug Screen 80307 Encounter | | | 0372T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per 15 minutes effective 1/1/19 ABA Exposure Adaptive Behavior Treatment(Note: code retired 1/2/11/18 Drug Screen | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prug Screen 80305 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 \$0 \$0 \$0 Drug Screen 80307 Encounter 0 0 \$0 \$0 \$0 \$0 Interactive Complexity - Add On Code 90785 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90785 HF Encounter 0 0 \$0 \$0 \$0 \$0 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 \$0 \$0 \$0 Assessment 90791 HF Encounter 0 0 \$0 | | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 50 50 50 Interactive Complexity - Add On Code 90785 Encounter 0 0 50 50 50 Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 Assessment 90791 HF Encounter 0 0 50 50 50 Assessment for Autism 90791 HF Encounter 0 0 50 50 50 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 Assessment 90792 30 Minutes 61 62 \$40,377 \$662 \$652 Substance Use: Assessment 90792 HF 30 Minutes 0 0 50 50 50 | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Hereactive Complexity - Add On Code 90785 Encounter 0 0 50 50 50 50 50 | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 Assessment 90791 HF Encounter 0 0 50 50 50 Substance Use: Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 Assessment 90792 U5 Encounter 0 0 \$0 \$0 \$0 \$0 Substance Use: Assessment 90792 HF 30 Minutes 61 62 \$40,377 \$662 \$652 Substance Use: Assessment 90792 HF 30 Minutes 0 0 50 \$0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 Assessment 90791 Encounter 0 0 50 50 50 Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 Assessment 90792 30 Minutes 61 62 \$40,397 \$662 \$652 Substance Use: Assessment 90792 HF 30 Minutes 0 0 50 50 50 | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 Encounter 0 0 50 50 50 Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 Assessment 90792 30 Minutes 61 62 \$40,377 \$662 \$652 Substance Use: Assessment 90792 HF 30 Minutes 0 0 50 \$0 \$0 \$0 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 <td>Substance Abuse - Interactive Complexity - Add On Code</td> <td></td> <td>90785</td> <td>HF</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 50 \$0 \$0 Assessment 90792 30 Minutes 61 62 \$40,397 \$662 \$652 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90792 30 Minutes 61 62 \$40,397 \$662 \$652 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90792 | | 30 Minutes | 61 | 62 | \$40,397 | \$662 | \$652 | 1 |
| Assessment for Autism 90792 U5 30 Minutes 0 0 80 \$0 \$0 | Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Northpointe | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 90 | 287 | \$24,706 | \$275 | \$86 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 109 | 346 | \$51,276 | \$470 | \$148 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 109 | 500 | \$106,357 | \$976 | \$213 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 13 | 36 | \$5,144 | \$396 | \$143 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 29 | 87 | \$14,137 | \$487 | \$162 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 10 | 41 | \$9,069 | \$907 | \$221 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Northpointe | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Northpointe | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 1 | 10 | \$240 | \$240 | \$24 | 10 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 1 | 8 | \$191 | \$191 | \$24 | 8 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 1 | 2 | \$48 | \$48 | \$24 | 2 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 3 | 3 | \$1,458 | \$486 | \$486 | 1 |
| Occupational Therapy | | 97166 | | 15 Minutes | 8 | 8 | \$5,034 | \$629 | \$629 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 6 | 6 | \$3,985 | \$664 | \$664 | 1 |
| Occupational Therapy | | 97168 | | 15 Minutes | 23 | 23 | \$8,245 | \$358 | \$358 | 1 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Northpointe Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| | Trevenue esue | | HF | | 0 | 0 | | | | |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | ПГ | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 9 | 11 | \$932 | \$104 | \$85 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 114 | 363 | \$73,155 | \$642 | \$202 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 94 | 197 | \$67,492 | \$718 | \$343 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 1 | 1 | \$158 | \$158 | \$158 | 1 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 1 | 1 | \$158 | \$158 | \$158 | 1 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 2 | 5 | \$791 | \$395 | \$158 | 3 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 1 | 1 | \$158 | \$158 | \$158 | 1 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Northpointe | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Northpointe | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 13 | 15 | \$2,157 | \$166 | \$144 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 102 | 113 | \$31,960 | \$313 | \$283 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 3 | 3 | \$312 | \$104 | \$104 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 177 | 292 | \$33,704 | \$190 | \$115 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 31 | 65 | \$21,650 | \$698 | \$333 | 2 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 59 | 5,673 | \$348,594 | \$5,908 | \$61 | 96 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Northpointe | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 103 | 679 | \$39,522 | \$384 | \$58 | 7 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 35 | 7,442 | \$47,226 | \$1,349 | \$6 | 213 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 10 | 1,450 | \$25,022 | \$2,502 | \$17 | 145 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 1 | 102 | \$1,760 | \$1,760 | \$17 | 102 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 12 | 580 | \$85,448 | \$7,121 | \$147 | 48 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 131 | 593 | \$4,009 | \$31 | \$7 | 5 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Northpointe | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 2 | 2 | \$1,278 | \$639 | \$639 | 1 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 9 | 193 | \$15,394 | \$1,710 | \$80 | 21 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 1 | 1 | \$220 | \$220 | \$220 | 1 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 12 | 599 | \$33,754 | \$2,813 | \$56 | 50 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 12 | 19,668 | \$73,437 | \$6,120 | \$4 | 1,639 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 155 | 2,299 | \$131,766 | \$850 | \$57 | 15 |
| Targeted Case Management | | T1017 | | Encounter | 6 | 103 | \$5,903 | \$984 | \$57 | 17 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 16 | 23 | \$15,331 | \$958 | \$667 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Northpointe | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 2 | 48 | \$403 | \$201 | \$8 | 24 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 13 | 125 | \$13,085 | \$1,007 | \$105 | 10 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 1 | 1 | \$220 | \$220 | \$220 | 1 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 8 | 59 | \$4,309 | \$539 | \$73 | 7 |
| Respite Care | | T2037 | | Per Item | 7 | 59 | \$1,414 | \$202 | \$24 | 8 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | · | - | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 378 | | \$1,535,991 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Oakland | | | | Unit | | | | | | |
|--|-------------------------------------|------------|----------|-----------------|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 237 | 2,780 | \$1,666,623 | \$7,032 | \$600 | 12 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 18 | 167 | \$7,172 | \$398 | \$43 | 9 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 369 | 5,067 | \$820,652 | \$2,224 | \$162 | 14 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Service Category Inpatient Hospital Ancillary Services - Other Therapeutic Services Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia ABA Behavior Identification Assessment (Note: code retired 12/31/18) | Revenue Code 0940-0942 0901 | 00104 00104 00104 0359T | Modifier U5 | Unit Measure Encounter First 30 Minutes 15 Minutes Each Additional 30 Minutes | Cases 0 0 0 78 | Units 0 0 0 | Cost \$0 \$0 \$0 | Cost/Case \$0 \$0 | Cost/Unit \$0 \$0 | Unit/Case 0 0 |
|--|-----------------------------------|----------------------------------|--------------|---|--------------------|----------------|---------------------------|-------------------------|-------------------------|----------------|
| Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 00104 0359T | | First 30 Minutes 15 Minutes Each Additional 30 | 0 | 0 | \$0 | | | |
| Additional Codes-ECT Anesthesia ABA Behavior Identification Assessment (Note: code retired 12/31/18) | 0901 | 00104 0359T | | 15 Minutes Each Additional 30 | 0 | | | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | 0901 | 0359T | | Each Additional 30 | | 0 | 90 | | | |
| 12/31/18) | | | | | 78 | | φU | \$0 | \$0 | 0 |
| 15151 1 153 | | 0362T | U5 | 1111111100 | | 80 | \$12,229 | \$157 | \$153 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | | | First 30 Minutes | 6 | 57 | \$1,132 | \$189 | \$20 | 10 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 116 | 4,126 | \$160,794 | \$1,386 | \$39 | 36 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 116 | 21,993 | \$856,625 | \$7,385 | \$39 | 190 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 2 | 20 | \$734 | \$367 | \$37 | 10 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 2 | 19 | \$690 | \$345 | \$36 | 10 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 116 | 949 | \$36,592 | \$315 | \$39 | 8 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 116 | 2,061 | \$80,477 | \$694 | \$39 | 18 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 67 | 155 | \$8,838 | \$132 | \$57 | 2 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 5 | 1,545 | \$32,334 | \$6,467 | \$21 | 309 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 1 | 68 | \$2,739 | \$2,739 | \$40 | 68 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 264 | 267 | \$88,915 | \$337 | \$333 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 355 | 355 | \$108,543 | \$306 | \$306 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Oakland | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 256 | 458 | \$62,202 | \$243 | \$136 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 501 | 1,608 | \$347,963 | \$695 | \$216 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 538 | 2,164 | \$606,374 | \$1,127 | \$280 | 4 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 87 | 136 | \$34,533 | \$397 | \$254 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 472 | 1,387 | \$354,273 | \$751 | \$255 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 2 | 9 | \$4,050 | \$2,025 | \$450 | 5 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 63 | 543 | \$285,436 | \$4,531 | \$526 | 9 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 2 | 31 | \$1,210 | \$605 | \$39 | 16 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Oakland | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 3 | 3 | \$331 | \$110 | \$110 | 1 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 3 | 4 | \$318 | \$106 | \$79 | 1 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 1 | 1 | \$79 | \$79 | \$79 | 1 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 1 | 1 | \$40 | \$40 | \$40 | 1 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 23 | 52 | \$10,832 | \$471 | \$208 | 2 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Oakland | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|---------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 190 | 2,366 | \$47,779 | \$251 | \$20 | 12 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 200 | 227,857 | \$4,423,778 | \$22,119 | \$19 | 1,139 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 5 | 628 | \$11,532 | \$2,306 | \$18 | 126 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 194 | 27,046 | \$525,775 | \$2,710 | \$19 | 139 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 170 | 2,882 | \$56,152 | \$330 | \$19 | 17 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 8 | 47 | \$845 | \$106 | \$18 | 6 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 1 | 50 | \$0 | \$0 | \$0 | 50 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 27 | 28 | \$2,634 | \$98 | \$94 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 5 | 5 | \$1,306 | \$261 | \$261 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Service Clargory — Revolute (In CPCS Code — Modeller — | Oakland | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Name | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance for former New Pietres Frohantion and Mongreners | Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Prient Polation and Management 9034 Facouster 0 0 0 0 0 0 0 0 0 | New Patient Evaluation and Management | | 99203 | | Encounter | 11 | 11 | \$2,743 | \$249 | \$249 | 1 |
| Soltmane the Brooker's New Plettier Delustries and Minagement New Plettier Polulation and Minage | Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Part P | New Patient Evaluation and Management | | 99204 | | Encounter | 7 | 7 | \$1,516 | \$217 | \$217 | 1 |
| Schelanser M. Patient Evaluation and Management 9211 Excounter 13 36 85,735 8518 817 5 1 1 1 1 1 1 1 1 1 | Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Schelanze Lug Doorder: Established Patient Evaluation and Management 9211 HF Encounter 502 1,401 \$166,006 \$331 \$119 \$150 | Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substante Name Substante | Established Patient Evaluation and Management | | 99211 | | Encounter | 13 | 36 | \$6,735 | \$518 | \$187 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management 99212 | Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Name Seabhished Patient Evaluation and Management 9213 HF Encounter 0 | Established Patient Evaluation and Management | | 99212 | | Encounter | 502 | 1,401 | \$166,096 | \$331 | \$119 | 3 |
| Sistame Abous: Established Patient Evaluation and Management 99213 HF Encounter 0 0 \$0 \$0 \$50 \$50 \$14 \$15 \$15 \$14 \$15 \$15 \$14 \$15 \$15 \$14 \$15 | Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management 99214 | Established Patient Evaluation and Management | | 99213 | | Encounter | 700 | 2,266 | \$273,120 | \$390 | \$121 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management 99215 | Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management 9915 50 Minutes 27 28 56,14 5228 519 | Established Patient Evaluation and Management | | 99214 | | Encounter | 248 | 629 | \$90,538 | \$365 | \$144 | 3 |
| Substance Use Disorder: Established Patient Evaluation and 99215 HF 70 Minutes 0 0 0 S0 S0 S0 S0 S0 S0 Minutes 0 0 0 S0 | Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Additional Codes-Physician Services 99221 15 Minutes 0 0 S0 | Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 27 | 28 | \$6,144 | \$228 | \$219 | 1 |
| Additional Codes-Physician Services 99222 25 minutes 0 0 0 50 50 50 50 60 64 Additional Codes-Physician Services 99223 35 Minutes 0 0 0 50 50 50 50 60 64 Additional Codes-Physician Services 99224 15 Minutes 0 0 0 50 50 50 50 60 64 Additional Codes-Physician Services 99225 25 minutes 0 0 0 50 50 50 50 60 64 Additional Codes-Physician Services 99225 35 Minutes 0 0 0 50 50 50 50 60 64 Additional Codes-Physician Services 99226 35 Minutes 0 0 0 50 50 50 50 60 64 Additional Codes-Physician Services 99231 <=30 Minutes 0 0 0 50 50 50 50 50 60 64 Additional Codes-Physician Services 99232 >30 Minutes 0 0 0 50 50 50 50 50 60 64 Additional Codes-Physician Services 99233 15 Minutes 0 0 0 50 50 50 50 60 64 Additional Codes-Physician Services 99233 15 Minutes 0 0 0 50 50 50 50 60 64 Additional Codes-Physician Services 99233 15 Minutes 0 0 0 50 50 50 50 60 64 Additional Codes-Physician Services 99233 15 Minutes 0 0 0 50 50 50 50 60 64 Additional Codes-Physician Services 99239 40 Minutes 0 0 0 50 50 50 50 50 60 64 Additional Codes-Physician Services 99239 40 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 9923 35 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99225 25 minutes 0 0 0 50 50 50 60 Additional Codes-Physician Services 99231 <=30 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99231 <=30 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99232 >30 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99233 15 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99238 30 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99238 30 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99239 40 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Consultations 99241 HF 60 Minutes 0 0 0 50 50 50 50 50 60 50 50 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 9921 <= 35 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99231 <= 30 Minutes 0 0 0 50 50 50 50 50 60 Additional Codes-Physician Services 99232 >30 Minutes 0 0 0 50 50 50 50 50 60 Additional Codes-Physician Services 99233 15 Minutes 0 0 0 50 50 50 50 50 60 Additional Codes-Physician Services 99238 30 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99238 30 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99239 40 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Consultations 99241 HF 60 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 <=30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99232 > 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99238 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99238 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99239 40 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99241 HF 60 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99252 HF 110 Minutes 0 0 \$0 \$0 \$0 \$0 (| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Oakland | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Oakland | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|---------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 1 | 1 | \$384 | \$384 | \$384 | 1 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 168 | 170 | \$28,660 | \$171 | \$169 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 35 | 315 | \$46,475 | \$1,328 | \$148 | 9 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 1,769 | 1,853 | \$661,062 | \$374 | \$357 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 1,778 | 5,773 | \$950,564 | \$535 | \$165 | 3 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 1 | 5 | \$969 | \$969 | \$194 | 5 |
| Home Based Services | | H0036 | | 15 Minutes | 1,162 | 124,758 | \$8,206,460 | \$7,062 | \$66 | 107 |
| Home Based Services | | H0036 | ST | 15 Minutes | 22 | 736 | \$50,697 | \$2,304 | \$69 | 33 |
| Peer Directed and Operated Support Services | | H0038 | | | 20 | 63 | \$12,750 | \$637 | \$202 | 3 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 46 | 1,160 | \$68,633 | \$1,492 | \$59 | 25 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 1 | 17 | \$1,023 | \$1,023 | \$60 | 17 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 1 | 39 | \$7,773 | \$7,773 | \$199 | 39 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 2 | 2 | \$0 | \$0 | \$0 | 1 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 850 | 2,866 | \$548,179 | \$645 | \$191 | 3 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 185 | 1,035 | \$119,025 | \$643 | \$115 | 6 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 2 | 211 | \$551 | \$276 | \$3 | 106 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 35 | 18,730 | \$29,799 | \$851 | \$2 | 535 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 71 | 1,765 | \$229,798 | \$3,237 | \$130 | 25 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 135 | 1,257 | \$380,702 | \$2,820 | \$303 | 9 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 130 | 929 | \$550,994 | \$4,238 | \$593 | 7 |
| Family Training | | S5111 | HA | Days | 6 | 22 | \$5,230 | \$872 | \$238 | 4 |
| Family Training | | S5111 | НМ | Days | 124 | 858 | \$267,578 | \$2,158 | \$312 | 7 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 4 | 4 | \$171 | \$43 | \$43 | 1 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 2 | 2 | \$478 | \$239 | \$239 | 1 |
| Health Services | | T1002 | | 15 Minutes | 119 | 151 | \$27,146 | \$228 | \$180 | 1 |
| Respite Care | | T1005 | | 15 minutes | 110 | 84,894 | \$378,430 | \$3,440 | \$4 | 772 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 1 | 2 | \$143 | \$143 | \$72 | 2 |
| Targeted Case Management | | T1017 | | Encounter | 146 | 1,544 | \$111,006 | \$760 | \$72 | 11 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 455 | 611 | \$269,202 | \$592 | \$441 | 1 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 9 | 61 | \$39,877 | \$4,431 | \$654 | 7 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 3 | 24 | \$0 | \$0 | \$0 | 8 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 3,125 | | \$24,203,181 | | | |

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|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 27 | 190 | \$143,700 | \$5,322 | \$756 | 7 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 20 | 215 | \$106,445 | \$5,322 | \$495 | 11 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 9 | 62 | \$47,900 | \$5,322 | \$773 | 7 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 1 | 6 | \$5,322 | \$5,322 | \$887 | 6 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 10 | 54 | \$14,671 | \$1,467 | \$272 | 5 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | s 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 31 | 31 | \$16,349 | \$527 | \$527 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 22 | 59 | \$2,409 | \$110 | \$41 | 3 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 17 | 115 | \$7,102 | \$418 | \$62 | 7 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 49 | 1,556 | \$43,669 | \$891 | \$28 | 32 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 51 | 9,713 | \$271,272 | \$5,319 | \$28 | 190 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 1 | 8 | \$76 | \$76 | \$10 | 8 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 1 | 8 | \$67 | \$67 | \$8 | 8 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 51 | 544 | \$34,636 | \$679 | \$64 | 11 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 51 | 881 | \$58,171 | \$1,141 | \$66 | 17 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 36 | 132 | \$16,826 | \$467 | \$127 | 4 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 3 | 587 | \$19,057 | \$6,352 | \$32 | 196 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 2 | 57 | \$1,327 | \$664 | \$23 | 29 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 130 | 133 | \$99,007 | \$762 | \$744 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 40 | 96 | \$4,481 | \$112 | \$47 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 104 | 505 | \$45,398 | \$437 | \$90 | 5 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 27 | 86 | \$15,917 | \$590 | \$185 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 1 | 1 | \$81 | \$81 | \$81 | 1 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 1 | 1 | \$52 | \$52 | \$52 | 1 |
| Therapy-Family Therapy | | 90846 | | Encounter | 21 | 62 | \$6,390 | \$304 | \$103 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 237 | 2,031 | \$209,480 | \$884 | \$103 | 9 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Ottawa | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 19 | 65 | \$8,086 | \$426 | \$124 | 3 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 13 | 55 | \$7,313 | \$563 | \$133 | 4 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 1 | 1 | \$265 | \$265 | \$265 | 1 |
| Assessment for Autism | | 96130 | U5 | First Hour | 71 | 72 | \$9,532 | \$134 | \$132 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 44 | 58 | \$7,697 | \$175 | \$133 | 1 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 7 | 7 | \$796 | \$114 | \$114 | 1 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 6 | 14 | \$1,460 | \$243 | \$104 | 2 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 1 | 1 | \$133 | \$133 | \$133 | 1 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 75 | 76 | \$4,779 | \$64 | \$63 | 1 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 1 | 3 | \$395 | \$395 | \$132 | 3 |
| Assessment for Autism | | 96137 | U5 | Encounter | 74 | 310 | \$19,725 | \$267 | \$64 | 4 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|--------------|------------|----------|------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective $1/1/19$) | | 97151 | U5 | 15 Minutes | 70 | 734 | \$22,666 | \$324 | \$31 | 10 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 81 | 84,697 | \$1,200,716 | \$14,824 | \$14 | 1,046 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 1 | 38 | \$165 | \$165 | \$4 | 38 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 77 | 9,117 | \$318,092 | \$4,131 | \$35 | 118 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 66 | 1,857 | \$62,235 | \$943 | \$34 | 28 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Serves Capays | Ottawa | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Non-Place Non-Pl | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Selection (No Prince Columbiator and Management 9005 41 Encounter 0 0 0 9 9 9 9 9 9 9 | Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Non-prient | New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance for Boroteen New Patenter Evolution and Management New Patent Foultation and Management New Patent Foultation and Management New Patent Foultation and Management New Patent Foundation an | Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Man | New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Solitation Control C | Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Selection of the Disorder: Established Patient Evaluation and Management 9212 | Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance for Demonstration and Management 9212 | Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Un Drouter Eastbilded Patient Evoluation and Management 9212 HF Encounter 1 | Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | Established Patient Evaluation and Management | | 99212 | | Encounter | 8 | 8 | \$693 | \$87 | \$87 | 1 |
| Subtance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 165 447 \$163,244 \$989 \$365 | Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management 99214 | Established Patient Evaluation and Management | | 99213 | | Encounter | 82 | 114 | \$17,514 | \$214 | \$154 | 1 |
| Substance Use Disorder: Established Parient Evaluation and Management 99214 HF 30 Minutes 0 0 0 80 80 80 80 80 80 80 80 80 80 80 | Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sabished Patient Evaluation and Management 9215 50 Minutes 78 13 568.167 574 560 50 Minutes | Established Patient Evaluation and Management | | 99214 | | Encounter | 165 | 447 | \$163,264 | \$989 | \$365 | 3 |
| Substance Use Disorder: Established Patient Evaluation and 99215 HF 70 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Additional Codes-Physician Services 99221 15 Minutes 0 0 \$0 | Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 78 | 113 | \$68,167 | \$874 | \$603 | 1 |
| Additional Codes-Physician Services 99223 25 minutes 0 0 0 80 80 80 80 80 80 80 80 80 80 80 | Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99226 35 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99226 35 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 <= 30 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99232 > 30 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99233 15 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99238 30 Minutes 0 0 50 50 50 Additional Codes-Physician Services 99239 40 Minutes 0 0 50 50 50 Substance Use Disorder: Physician Consultations 99241 HF 60 Minutes 0 0 50 50 50 Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 50 50 50 Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 50 50 50 Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 <td< td=""><td>Additional Codes-Physician Services</td><td></td><td>99225</td><td></td><td>25 minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></td<> | Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 9923 > 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99233 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99238 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99239 40 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99241 HF 60 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99252 HF 110 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 319 | 328 | \$40,912 | \$128 | \$125 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 29 | 140 | \$93,605 | \$3,228 | \$669 | 5 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 246 | 258 | \$62,340 | \$253 | \$242 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 5 | 5 | \$496 | \$99 | \$99 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 218 | 227 | \$27,194 | \$125 | \$120 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 1 | 1 | \$138 | \$138 | \$138 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 70 | 4,237 | \$552,050 | \$7,886 | \$130 | 61 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Ottawa | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 5 | 13 | \$2,804 | \$561 | \$216 | 3 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 93 | 314 | \$30,755 | \$331 | \$98 | 3 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 1 | 986 | \$4,994 | \$4,994 | \$5 | 986 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 10 | 609 | \$27,327 | \$2,733 | \$45 | 61 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | · | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 129 | 478 | \$34,390 | \$267 | \$72 | 4 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Ottawa | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 37 | 387 | \$24,699 | \$668 | \$64 | 10 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 5 | 17 | \$4,298 | \$860 | \$253 | 3 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 36 | 1,174 | \$31,424 | \$873 | \$27 | 33 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 29 | 132 | \$5,037 | \$174 | \$38 | 5 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 11 | 1,222 | \$3,635 | \$330 | \$3 | 111 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 148 | 1,568 | \$231,523 | \$1,564 | \$148 | 11 |
| Targeted Case Management | | T1017 | | Encounter | 170 | 429 | \$25,118 | \$148 | \$59 | 3 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 126 | 156 | \$113,074 | \$897 | \$725 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Ottawa | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 25 | 110 | \$897 | \$36 | \$8 | 4 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 1 | 2 | \$0 | \$0 | \$0 | 2 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | · | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 773 | | \$4,400,208 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pathways | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 19 | 189 | \$212,694 | \$11,194 | \$1,125 | 10 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 3 | 28 | \$5,498 | \$1,833 | \$196 | 9 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 5 | 60 | \$63,594 | \$12,719 | \$1,060 | 12 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Part | Pathways | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Matter M | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Matthian M | Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Max Markows from frientinous Assessment Notes code retired 1987 1988 1988 1989 19 | Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mathod Robbins follows pake assessment reporting units of per 15 967 918 Fibral Minares 0 0 0 0 0 0 0 0 0 | Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marie Maches Methods Plathers Mesha Methods Mesha Mesh | | | 0359T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Manus Manu | | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| AbArlangine Tenument/Noice code reinted [22118] 0617 | | | 0362T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAI Mainstro Treatment (Note: code retired 123118) | | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clarge properties Belavier Teatment (Note: code retired 9.66T 9.5 Each Additional 30 9.0 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| AAA Group Adaptive Behavior Treatment Note: code retried 1967 1968 1968 1969 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1231189 1231 | | | 0366T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Restaurce/Note: code retired 123/18/19/19/19/19/19/19/19/19/19/19/19/19/19/ | | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| National Petaleur Note: code retired 12/31/18/ 18/31 18/ | | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 1971 19 | | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 123118 1231 | | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Minutes Minu | | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 11/119 See new line below) See nounter See nount | | | 0372T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per 15 minutes effective 17/19 ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18 Drug Screen | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prug Screen 80305 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 \$0 \$0 \$0 Drug Screen 80307 Encounter 0 0 \$0 \$0 \$0 \$0 Interactive Complexity - Add On Code 90785 Encounter 0 0 \$0 \$0 \$0 \$0 Assessment for Autism 90785 HF Encounter 0 0 \$0 \$0 \$0 \$0 \$0 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 </td <td></td> <td></td> <td>0374T</td> <td>U5</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 50 50 50 Interactive Complexity - Add On Code 90785 Encounter 0 0 50 50 50 Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 Assessment 90791 HF Encounter 0 0 50 50 50 Assessment for Autism 90791 HF Encounter 0 0 50 50 50 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 Assessment 90791 U5 Encounter 0 0 50 50 50 Assessment 90792 30 Minutes 54 54 \$46,962 \$870 \$870 Substance Use: Assessment | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Hereactive Complexity - Add On Code 90785 Encounter 0 0 0 50 50 50 50 | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 50 50 50 Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 Assessment 90791 HF Encounter 0 0 50 50 50 Substance Use: Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 Assessment for Autism 90792 U5 Encounter 0 0 50 50 50 Assessment 90792 30 Minutes 54 54 \$46,962 \$870 \$870 Substance Use: Assessment 90792 HF 30 Minutes 0 0 50 50 50 50 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 50 50 50 Assessment 90791 Encounter 0 0 50 50 50 Substance Use: Assessment 90791 HF Encounter 0 0 50 50 50 Assessment for Autism 90791 U5 Encounter 0 0 50 50 50 Assessment 90792 30 Minutes 54 54 \$46,962 \$870 \$870 Substance Use: Assessment 90792 HF 30 Minutes 0 0 50 50 50 50 | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 Encounter 0 0 50 \$0 \$0 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 < | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 50 \$0 \$0 Assessment for Autism 90791 U5 Encounter 0 0 \$0 <td>Substance Abuse - Interactive Complexity - Add On Code</td> <td></td> <td>90785</td> <td>HF</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 50 \$0 \$0 Assessment 90792 30 Minutes 54 54 \$46,962 \$870 \$870 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 | Assessment | - | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90792 30 Minutes 54 54 \$46,962 \$870 \$870 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 \$0 \$0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90792 | | 30 Minutes | 54 | 54 | \$46,962 | \$870 | \$870 | 1 |
| Assessment for Autism 90792 U5 30 Minutes 0 0 80 \$0 \$0 | Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pathways | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 116 | 208 | \$22,799 | \$197 | \$110 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 178 | 681 | \$122,756 | \$690 | \$180 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 205 | 1,014 | \$233,384 | \$1,138 | \$230 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 88 | 227 | \$47,246 | \$537 | \$208 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 124 | 336 | \$65,717 | \$530 | \$196 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | ** | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pathways | | | | Unit | | | | | | |
|--|--------------|------------|---------------------------------------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 2 | 14 | \$1,205 | \$602 | \$86 | 7 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 1 | 8 | \$747 | \$747 | \$93 | 8 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | · · · · · · · · · · · · · · · · · · · | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pathways | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 1 | 1 | \$651 | \$651 | \$651 | 1 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pathways Samina Catagory | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | | | | | | | | | |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 81 | 152 | \$35,561 | \$439 | \$234 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 91 | 218 | \$67,241 | \$739 | \$308 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 22 | 28 | \$16,202 | \$736 | \$579 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pathways | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pathways | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 21 | 21 | \$9,204 | \$438 | \$438 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 118 | 126 | \$75,746 | \$642 | \$601 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 4 | 4 | \$612 | \$153 | \$153 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 278 | 449 | \$60,191 | \$217 | \$134 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 11 | 30 | \$4,120 | \$375 | \$137 | 3 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 68 | 4,874 | \$325,000 | \$4,779 | \$67 | 72 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pathways | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 1 | 1 | \$1,379 | \$1,379 | \$1,379 | 1 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 1 | 6 | \$8,271 | \$8,271 | \$1,379 | 6 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 164 | 983 | \$101,444 | \$619 | \$103 | 6 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 3 | 6 | \$619 | \$206 | \$103 | 2 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 15 | 2,047 | \$22,913 | \$1,528 | \$11 | 136 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 8 | 359 | \$4,018 | \$502 | \$11 | 45 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 1 | 139 | \$20,589 | \$20,589 | \$148 | 139 |
| Behavior Services | | H2019 | | Days | 13 | 678 | \$21,802 | \$1,677 | \$32 | 52 |
| Behavior Services | | H2019 | TT | Days | 10 | 1,104 | \$63,425 | \$6,342 | \$57 | 110 |
| Wraparound | | H2021 | | 15 minutes | 13 | 329 | \$6,586 | \$507 | \$20 | 25 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 3 | 31 | \$57,767 | \$19,256 | \$1,863 | 10 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 2 | 11 | \$172 | \$86 | \$16 | 6 |
| Transportation | | S0209 | <u> </u> | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pathways | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 11 | 57 | \$9,993 | \$908 | \$175 | 5 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 4 | 35 | \$10,063 | \$2,516 | \$288 | 9 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 1 | 139 | \$2,610 | \$2,610 | \$19 | 139 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 1 | 2 | \$970 | \$970 | \$485 | 2 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 4 | 2,252 | \$9,432 | \$2,358 | \$4 | 563 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 71 | 700 | \$91,867 | \$1,294 | \$131 | 10 |
| Targeted Case Management | | T1017 | | Encounter | 14 | 70 | \$8,630 | \$616 | \$123 | 5 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 43 | 54 | \$36,538 | \$850 | \$677 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pathways | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 10 | 318 | \$13,809 | \$1,381 | \$43 | 32 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 504 | | \$1,910,030 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pines | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|-------------------------------------|-------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | | Tieres code | | | | | | | | |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 9 | 99 | \$103,627 | \$11,514 | \$1,047 | 11 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 2 | 48 | \$60,618 | \$30,309 | \$1,263 | 24 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 4 | 30 | \$26,078 | \$6,520 | \$869 | 8 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | .58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | • | Ψ0 | Ψ | Ψ | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Revenue Code HCPCS Code Modifier Measure Cases Units Code | Cost/Case \$0 \$0 \$0 | Cost/Unit Uni \$0 \$0 \$0 \$0 | Jnit/Case 0 |
|--|--------------------------------|-------------------------------|----------------|
| Additional Codes-ECT Ansesthesia 00104 | \$0 \$0 | \$0 | 0 |
| Additional Codes-ECT Anesshesia 0901 00104 15 Minutes 0 0 0 50 | \$0 | | |
| ABA Behavior Identification Assessment (Note: code retired 20359T U5 Each Additional 30 0 0 0 0 0 20 20 20 | | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 0.362T U5 First 30 Minutes 0 0 0 80 | | | 0 |
| Manuel Selective 1/119 | \$0 | \$0 | 0 |
| Minutes First Minutes Minute | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) 0364T U5 Each Additional 30 0 0 0 0 0 0 0 0 0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment (Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment (Note: code retired ABA Clinical Observation and Direction of Adaptive Behavior Treatment (Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment (Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment (Note: code retired 12/31/18) ABA Clanical Observation and Direction of Adaptive Behavior Treatment (Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired O370T U5 First 60 Minutes O O S0 ABA Family Behavior Treatment Guidance(Note: code retired O370T U5 First 60 Minutes O O S0 ABA Family Behavior Treatment Guidance(Note: code retired O370T D5 First 60 Minutes O O S0 ABA Family Behavior Treatment Guidance(Note: code retired Minutes D7 ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 11/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 11/19) ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 11/19) D7 ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 11/19) D7 D8 D8 D8 D8 D8 D8 D8 D8 D8 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) ABA Group Adaptive Behavior Treatment (Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment (Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment (Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment (Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment (Note: code retired 12/31/18) ABA Clinical Observation and Direction of Adaptive Behavior Treatment (Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) ABA Family Behavior Treatment Guidance(Note: code retired 10/3717 U5 Per 15 Minutes 0 0 0 S0 12/31/18) ABA Family Behavior Treatment Social Skills Group(Note: 0372T U5 Each Additional 30 0 0 S0 12/31/18) ABA Adaptive Behavior Treatment Social Skills Group(Note: 0372T U5 Each Additional 30 0 0 S0 code retired 12/31/18) ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 11/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (reporting units of code retired 11/19) ABA Exposure Adaptive Behavior Treatment (reporting units of code retired 11/31/18) Drug Screen 80305 Encounter 0 0 0 S0 S0 Por 15 Minutes 0 0 0 S0 S0 Por 15 Minutes 0 0 S0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment (Note: code retired 12/31/18) 2/3 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment (Note: code retired 12/31/18) U5 Encounter 0 0 0 \$0 | \$0 | \$0 | 0 |
| Treatment (Note: code retired 12/31/18) Second Province of Adaptive Behavior Treatment (Note: code retired 12/31/18) U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | \$0 | \$0 | 0 |
| Treatment(Note: code retired 12/31/18) | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) U5 Per 15 Minutes 0 0 0 50 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: 0372T U5 Each Additional 30 Nimutes | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) U5 Encounter 0 0 0 \$0 \$0 \$0 \$1 \$1 | \$0 | \$0 | 0 |
| Per 15 minutes effective 1/1/19 ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) U5 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | \$0 | \$0 | 0 |
| retired 12/31/18) Drug Screen 80305 Encounter 0 0 \$0 Drug Screen 80306 Encounter 0 0 \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 \$0 | \$0 | \$0 | 0 |
| | \$0 | \$0 | 0 |
| Drug Screen 80307 Encounter 0 0 \$0 | \$0 | \$0 | 0 |
| | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code 90785 Encounter 0 0 \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 \$0 \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0 | \$0 | \$0 | 0 |
| Assessment 90791 Encounter 0 0 \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 \$0 | \$0 | \$0 | 0 |
| Assessment 90792 30 Minutes 35 35 \$10,660 | \$305 | \$305 | 1 |
| Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90792 U5 30 Minutes 0 0 \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pines | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 21 | 30 | \$2,670 | \$127 | \$89 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 1 | 4 | \$397 | \$397 | \$99 | 4 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 121 | 368 | \$53,434 | \$442 | \$145 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 1 | 1 | \$16 | \$16 | \$16 | 1 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 120 | 358 | \$59,949 | \$500 | \$167 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 11 | 13 | \$2,456 | \$223 | \$189 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 1 | | | | | - | | | ** | 7.7 | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pines | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Pines | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 2 | 16 | \$808 | \$404 | \$51 | 8 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 2 | 1,750 | \$23,021 | \$11,511 | \$13 | 875 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 2 | 198 | \$6,251 | \$3,126 | \$32 | 99 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 1 | 12 | \$379 | \$379 | \$32 | 12 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pines | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 63 | 207 | \$16,894 | \$268 | \$82 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 2 | 2 | \$179 | \$89 | \$89 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 2 | 2 | \$253 | \$126 | \$126 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 1 | 1 | \$105 | \$105 | \$105 | 1 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 1 | 1 | \$105 | \$105 | \$105 | 1 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 3 | 7 | \$471 | \$157 | \$67 | 2 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 2 | 9 | \$947 | \$474 | \$105 | 5 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 2 | 3 | \$316 | \$158 | \$105 | 2 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 2 | 2 | \$210 | \$105 | \$105 | 1 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Pines | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pines | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 4 | 4 | \$1,192 | \$298 | \$298 | 1 |
| Assessment | | H0002 | | Encounter | 107 | 109 | \$16,149 | \$151 | \$148 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 4 | 18 | \$11,839 | \$2,960 | \$658 | 5 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 178 | 187 | \$39,696 | \$223 | \$212 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 16 | 17 | \$3,168 | \$198 | \$186 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 181 | 276 | \$42,974 | \$237 | \$156 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 28 | 3,229 | \$254,937 | \$9,105 | \$79 | 115 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pines | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 49 | 195 | \$12,410 | \$253 | \$64 | 4 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 1 | 1,041 | \$5,379 | \$5,379 | \$5 | 1,041 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 2 | 20 | \$1,718 | \$859 | \$86 | 10 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pines | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 4 | 24 | \$1,516 | \$379 | \$63 | 6 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 5 | 5 | \$281 | \$56 | \$56 | 1 |
| Health Services | | T1002 | | 15 Minutes | 16 | 16 | \$898 | \$56 | \$56 | 1 |
| Respite Care | | T1005 | | 15 minutes | 1 | 1,028 | \$5,312 | \$5,312 | \$5 | 1,028 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 18 | 119 | \$10,353 | \$575 | \$87 | 7 |
| Targeted Case Management | | T1017 | | Encounter | 1 | 1 | \$87 | \$87 | \$87 | 1 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 44 | 59 | \$37,980 | \$863 | \$644 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Pines | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 338 | | \$815,735 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Saginaw | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 4 | 31 | \$32,931 | \$8,233 | \$1,062 | 8 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 104 | 778 | \$696,608 | \$6,698 | \$895 | 7 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 12 | 58 | \$16,178 | \$1,348 | \$279 | 5 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Saginaw | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 1 | 1 | \$523 | \$523 | \$523 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 3 | 51 | \$1,389 | \$463 | \$27 | 17 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 3 | 272 | \$7,409 | \$2,470 | \$27 | 91 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 3 | 17 | \$1,111 | \$370 | \$65 | 6 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 3 | 29 | \$1,896 | \$632 | \$65 | 10 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 1 | 1 | \$131 | \$131 | \$131 | 1 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 53 | 53 | \$30,424 | \$574 | \$574 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 149 | 154 | \$65,189 | \$438 | \$423 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Saginaw | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 295 | 1,086 | \$214,765 | \$728 | \$198 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 588 | 4,204 | \$713,364 | \$1,213 | \$170 | 7 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 193 | 636 | \$343,695 | \$1,781 | \$540 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 118 | 225 | \$78,363 | \$664 | \$348 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 172 | 403 | \$113,955 | \$663 | \$283 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 22 | 123 | \$83,073 | \$3,776 | \$675 | 6 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 108 | 647 | \$20,985 | \$194 | \$32 | 6 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 7 | 161 | \$22,359 | \$3,194 | \$139 | 23 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 7 | 8 | \$1,878 | \$268 | \$235 | 1 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Saginaw | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 1 | 1 | \$198 | \$198 | \$198 | 1 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 1 | 2 | \$396 | \$396 | \$198 | 2 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 11 | 54 | \$8,822 | \$802 | \$163 | 5 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 1 | 57 | \$1,987 | \$1,987 | \$35 | 57 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | - | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 3 | 18 | \$824 | \$275 | \$46 | 6 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 4 | 945 | \$12,870 | \$3,217 | \$14 | 236 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 4 | 113 | \$3,693 | \$923 | \$33 | 28 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 2 | 3 | \$665 | \$332 | \$222 | 2 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 3 | 4 | \$1,016 | \$339 | \$254 | 1 |
| Occupational Therapy | | 97166 | | 15 Minutes | 2 | 2 | \$822 | \$411 | \$411 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 1 | 1 | \$272 | \$272 | \$272 | 1 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 8 | 435 | \$13,761 | \$1,720 | \$32 | 54 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 2 | 83 | \$13,036 | \$6,518 | \$157 | 42 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 7 | 30 | \$5,504 | \$786 | \$183 | 4 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | · | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 1 | 1 | \$355 | \$355 | \$355 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 66 | 78 | \$16,982 | \$257 | \$218 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 1 | 1 | \$118 | \$118 | \$118 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 303 | 916 | \$132,325 | \$437 | \$144 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 271 | 863 | \$250,563 | \$925 | \$290 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 2 | 2 | \$734 | \$367 | \$367 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Saginaw | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 129 | 131 | \$28,279 | \$219 | \$216 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 2 | 5 | \$2,451 | \$1,226 | \$490 | 3 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 715 | 1,105 | \$478,631 | \$669 | \$433 | 2 |
| Assessment for Autism | | H0031 | U5 | Encounter | 22 | 22 | \$10,829 | \$492 | \$492 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 393 | 631 | \$195,196 | \$497 | \$309 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 7 | 7 | \$1,095 | \$156 | \$156 | 1 |
| Home Based Services | | H0036 | | 15 Minutes | 13 | 330 | \$38,558 | \$2,966 | \$117 | 25 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 23 | 788 | \$56,918 | \$2,475 | \$72 | 34 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 1 | 3 | \$216 | \$216 | \$72 | 3 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 12 | 60 | \$16,983 | \$1,415 | \$283 | 5 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 138 | 468 | \$103,338 | \$749 | \$221 | 3 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 80 | 538 | \$153,555 | \$1,919 | \$285 | 7 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 50 | 3,297 | \$280,822 | \$5,616 | \$85 | 66 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 89 | 2,523 | \$533,326 | \$5,992 | \$211 | 28 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 22 | 281 | \$267,089 | \$12,140 | \$950 | 13 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Saginaw | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 64 | 509 | \$138,720 | \$2,168 | \$273 | 8 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 28 | 236 | \$140,589 | \$5,021 | \$596 | 8 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 2 | 3 | \$2,401 | \$1,201 | \$800 | 2 |
| Prevention Services - Direct Model | | S9482 | | Days | 72 | 1,557 | \$182,421 | \$2,534 | \$117 | 22 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 51 | 52 | \$2,778 | \$54 | \$53 | 1 |
| Health Services | | T1002 | | 15 Minutes | 135 | 138 | \$9,083 | \$67 | \$66 | 1 |
| Respite Care | | T1005 | | 15 minutes | 104 | 49,199 | \$223,838 | \$2,152 | \$5 | 473 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 14 | 270 | \$30,833 | \$2,202 | \$114 | 19 |
| Targeted Case Management | | T1017 | | Encounter | 561 | 13,031 | \$1,007,161 | \$1,795 | \$77 | 23 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 377 | 530 | \$256,684 | \$681 | \$484 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Saginaw | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 15 | 217 | \$25,212 | \$1,681 | \$116 | 14 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 61 | 250 | \$50,085 | \$821 | \$200 | 4 |
| Respite Care | | T2037 | | Per Item | 55 | 440 | \$27,537 | \$501 | \$63 | 8 |
| Housing Assistance | | T2038 | | Per Item | 1 | 1 | \$82 | \$82 | \$82 | 1 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,310 | | \$7,175,879 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Sanilac | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 12 | 139 | \$114,866 | \$9,572 | \$826 | 12 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 01 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 6 | 44 | \$35,104 | \$5,851 | \$798 | 7 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Service Category Inpatient Hospital Ancillary Services - Other Therapeutic Servic Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia ABA Behavior Identification Assessment (Note: code retired 12/31/18) | 0901 | 00104 00104 0359T | Modifier | Measure Encounter First 30 Minutes | Cases 0 0 | Units 0 | Cost \$0 | Cost/Case \$0 | Cost/Unit | Unit/Case 0 |
|---|------|-------------------------|----------|------------------------------------|-----------|------------|-------------|------------------|-----------|----------------|
| Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia ABA Behavior Identification Assessment (Note: code retired | 0901 | 00104 | | | | | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia ABA Behavior Identification Assessment (Note: code retired | | 00104 | | First 30 Minutes | 0 | | | | | |
| ABA Behavior Identification Assessment (Note: code retired | | | | | U | 0 | \$0 | \$0 | \$0 | 0 |
| | 5 | 0359T | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | 5 | | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per minutes effective 1/1/19) | .5 | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units o per 15 minutes effective 1/1/19) | f | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 13 | 13 | \$9,908 | \$762 | \$762 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 26 | 26 | \$23,747 | \$913 | \$913 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Sanilac | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|---|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 61 | 264 | \$27,785 | \$455 | \$105 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 56 | 159 | \$28,388 | \$507 | \$179 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 103 | 850 | \$198,543 | \$1,928 | \$234 | 8 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 9 | 12 | \$1,965 | \$218 | \$164 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 33 | 65 | \$15,223 | \$461 | \$234 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 4 | 6 | \$586 | \$147 | \$98 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | - | | | - | - | | * | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Sanilac | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 2 | 2 | \$407 | \$203 | \$203 | 1 |
| Assessment for Autism | | 96130 | U5 | First Hour | 1 | 1 | \$410 | \$410 | \$410 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 1 | 1 | \$189 | \$189 | \$189 | 1 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Sanilac | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 1 | 3 | \$153 | \$153 | \$51 | 3 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 1 | 383 | \$7,367 | \$7,367 | \$19 | 383 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 1 | 104 | \$1,141 | \$1,141 | \$11 | 104 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 1 | 45 | \$1,698 | \$1,698 | \$38 | 45 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$168 | \$168 | \$168 | 1 |
| Occupational Therapy | | 97166 | | 15 Minutes | 1 | 1 | \$189 | \$189 | \$189 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 5 | 6 | \$1,775 | \$355 | \$296 | 1 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 4 | 31 | \$1,563 | \$391 | \$50 | 8 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Services Clargory Revenue (2004) (CNCS 100) | Sanilac | | | | Unit | | | | | | |
|---|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Name | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Non-time to Provide. No Printin Evolution and Management 9293 HF Encounter 0 0 50 50 50 50 50 50 | Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| None-priess | New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance for Demoker New Patters Evaluation and Management 9205 Fine Counter 0 0 0 50 50 50 50 50 | Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management 9205 Bacourier 0 0 80 80 80 80 80 80 | New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Solitation Lie Disorder: New Patients Evaluation and Management 9211 Encounter 0 0 50 50 50 50 50 50 | Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Dispositor: Established Patient Evaluation and Management 99212 He Encounter 6 8 \$1,552 \$259 \$194 \$150 \$195 | Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance for Substance fo | Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder. Established Patient Evaluation and Management 9213 Encounter 71 253 \$71,14 \$1,086 \$305 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$1 | Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abusic Established Patient Evaluation and Management 9213 HF Encounter 0 0 0 50 50 50 50 50 | Established Patient Evaluation and Management | | 99212 | | Encounter | 6 | 8 | \$1,552 | \$259 | \$194 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 0 0 \$0 \$0 \$50 \$50 \$60 | Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management 9214 HF 30 Minutes 0 0 50 50 50 50 50 50 | Established Patient Evaluation and Management | | 99213 | | Encounter | 71 | 253 | \$77,134 | \$1,086 | \$305 | 4 |
| Substance Use Disorder: Established Patient Evaluation and Management 99215 50 Minutes 0 0 50 50 50 50 50 50 | Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Sabished Patient Evaluation and Management 9215 50 Minutes 0 0 50 50 50 50 50 50 | Established Patient Evaluation and Management | | 99214 | | Encounter | 2 | 2 | \$964 | \$482 | \$482 | 1 |
| Substance Use Disorder: Established Patient Evaluation and 99215 HF 70 Minutes 0 0 0 S0 S0 S0 S0 S0 S0 Minutes 0 0 0 S0 | Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Additional Codes-Physician Services 99221 15 Minutes 0 0 S0 | Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99222 25 minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99223 35 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99225 25 minutes 0 0 0 50 50 50 60 Additional Codes-Physician Services 99226 35 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99231 <= 30 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99232 > 30 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99233 15 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99238 30 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99238 30 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Services 99239 40 Minutes 0 0 0 50 50 50 50 60 Additional Codes-Physician Consultations 99241 HF 60 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 <= 30 Minutes 0 0 0 50 50 50 50 60 60 60 60 60 50 50 50 60 60 60 60 60 60 60 60 60 60 60 60 60 | Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 <= 30 Minutes | Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99232 > 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99238 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99238 30 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99239 40 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99241 HF 60 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99252 HF 110 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Sanilac | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Sanilac | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 1 | 8 | \$2,837 | \$2,837 | \$355 | 8 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 152 | 162 | \$63,818 | \$420 | \$394 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 8 | 8 | \$2,856 | \$357 | \$357 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 96 | 99 | \$26,726 | \$278 | \$270 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 50 | 3,936 | \$255,125 | \$5,102 | \$65 | 79 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Sanilac | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 31 | 148 | \$15,360 | \$495 | \$104 | 5 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 10 | 47 | \$4,815 | \$482 | \$102 | 5 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 7 | 326 | \$2,479 | \$354 | \$8 | 47 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 5 | 217 | \$1,650 | \$330 | \$8 | 43 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 2 | 19 | \$901 | \$451 | \$47 | 10 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Sanilac | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 17 | 119 | \$28,554 | \$1,680 | \$240 | 7 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 30 | 323 | \$79,281 | \$2,643 | \$245 | 11 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 9 | 2,758 | \$13,471 | \$1,497 | \$5 | 306 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 3 | 1,180 | \$2,977 | \$992 | \$3 | 393 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 96 | 1,188 | \$95,167 | \$991 | \$80 | 12 |
| Targeted Case Management | | T1017 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 37 | 53 | \$21,516 | \$582 | \$406 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Sanilac | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 4 | 25 | \$4,266 | \$1,067 | \$171 | 6 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | · | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 237 | | \$1,172,623 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Part | Shiawassee | | | | Unit | | | | | | |
|--|--|---------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| | Service Category | Revenue Code | HCPCS Code | Modifier | | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Pace Papeliane Hospital/More Papeliane Papelia | Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 8 | 76 | \$63,366 | \$7,921 | \$834 | 10 |
| | Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 2 | 19 | \$15,619 | \$7,810 | \$822 | 10 |
| Part | Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 1 | 2 | \$1,395 | \$1,395 | \$698 | 2 |
| Part | | 0100 | | PT73 | Days | 17 | 171 | \$155,406 | \$9,142 | \$909 | 10 |
| Coach Pecchinaris Pengulari Acoust Community Period | | 0100 | | PT73 | Days | 8 | 70 | \$11,782 | \$1,473 | \$168 | 9 |
| PT68 | | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 4 | 48 | \$37,056 | \$9,264 | \$772 | 12 |
| Decal Psychiatric Hospital Acuellary Services - Room and Board 0144 0 of nems 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Lorentory 0250054, 0257-0258 0 of network 0 0 0 50 50 50 0 Inpatient Hospital Ancillary Services - Planmacy 0250054, 0257-0258 0 of network 0 0 0 50 50 50 0 Inpatient Hospital Ancillary Services - Planmacy 0250054, 0257-0258 0 of network 0 0 0 50 50 50 0 Inpatient Hospital Ancillary Services - Medical Surpital Supplies 0270-0272 0 0 0 50 50 50 0 Inpatient Hospital Ancillary Services - Redainage 0370-0272 0 0 0 50 50 50 0 Inpatient Hospital Ancillary Services - Redainage 0320 0 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Redainage 0320 0 0 0 50 50 50 50 0 Inpatient Hospital Ancillary Services - Reprintancy 030000000000000000000000000000000000 | | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inquitient Hospital Auxillary Services - Room and Roard 0144 | Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Leave of Absence 0.183 | Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inputient Hospital Ancillary Services - Pharmacy 0250-0254, 0257-0258 | Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical Surgical Supplies 0270 0272 | Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Bandelogy 0300-0302, 2030-50307 | Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Impatient Hospital Ancillary Services - Radiology | | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| FCT Amesthesin 0370 | Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services 0410 | Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Physical Therapy 0420-0424 | ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy 0430-0434 | Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language 0440-0444 | Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pathology | Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function 0460 | | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance 0610-0611 | Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy 0636 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0 | Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room O710 | | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care 0762 Days 0 0 \$0 | Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge 0901 Days 0 0 \$0 | Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 900, 0902-0904, 0911, 0914-0919 9011, 0914-0919 9011, 0914-0919 9012 901 | Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatments/Services 0911, 0914-0919 Outpatient Partial Hospitalization 0912 # of visits 4 30 \$9,465 \$2,366 \$316 8 Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 0 | Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization 0913 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 0 | | | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Outpatient Partial Hospitalization | 0912 | | | # of visits | 4 | 30 | \$9,465 | \$2,366 | \$316 | 8 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 Minutes 0 0 \$0 \$0 \$0 0 | Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Shiawassee | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | s 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | i | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | i | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 89 | 90 | \$31,450 | \$353 | \$349 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Shiawassee | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 41 | 85 | \$15,051 | \$367 | \$177 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 134 | 428 | \$106,622 | \$796 | \$249 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 157 | 1,069 | \$155,114 | \$988 | \$145 | 7 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 29 | 54 | \$11,870 | \$409 | \$220 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 88 | 420 | \$77,170 | \$877 | \$184 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 3 | 17 | \$2,491 | \$830 | \$147 | 6 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 5 | 12 | \$1,758 | \$352 | \$147 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Shiawassee | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 5 | 5 | \$1,578 | \$316 | \$316 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 1 | 1 | \$316 | \$316 | \$316 | 1 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 7 | 257 | \$11,008 | \$1,573 | \$43 | 37 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 8 | 237 | \$10,152 | \$1,269 | \$43 | 30 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Shiawassee | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 1 | 8 | \$541 | \$541 | \$68 | 8 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$132 | \$132 | \$132 | 1 |
| Occupational Therapy | | 97166 | | 15 Minutes | 7 | 7 | \$1,385 | \$198 | \$198 | 1 |
| Occupational Therapy | | 97167 | | 15 Minutes | 1 | 1 | \$304 | \$304 | \$304 | 1 |
| Occupational Therapy | | 97168 | | 15 Minutes | 2 | 2 | \$469 | \$234 | \$234 | 1 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 7 | 122 | \$5,226 | \$747 | \$43 | 17 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 11 | 139 | \$5,954 | \$541 | \$43 | 13 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 5 | 80 | \$3,427 | \$685 | \$43 | 16 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Substance Use Disorder: New Patient Evaluation and Management | Cost/Unit \$0 | Unit/Case 0 |
|--|------------------|----------------|
| Management | | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | |
| Management Substance Use Disorder: New Patient Evaluation and Management Substance Use Disorder: Stablished Patient Evaluation and Management Substance Use Disorder: Established Patient Evaluation and Management Substanc | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management New Patient Evaluation and Management 99205 HF Encounter 0 0 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99205 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management Established Patient Evaluation and Management 99211 | \$0 | 0 |
| Management Established Patient Evaluation and Management 99211 HF Encounter 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management Established Patient Evaluation and Management 99212 HF Encounter 8 10 5564 570 Substance Use Disorder: Established Patient Evaluation and Management 99212 HF Encounter 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | \$0 | 0 |
| Management Established Patient Evaluation and Management 99212 HF Encounter 8 10 \$\$564 \$70 Substance Use Disorder: Established Patient Evaluation and Management 99212 HF Encounter 130 287 \$29,116 \$224 Sustance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 130 287 \$29,116 \$224 Sustance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 100 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$43 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management Established Patient Evaluation and Management 99213 Encounter 130 287 \$29,116 \$224 Sustance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 | 0 |
| Management Established Patient Evaluation and Management 99213 Encounter 130 287 \$29,116 \$224 Sustance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$56 | 1 |
| Sustance Abuse: Established Patient Evaluation and Management 99213 HF Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | \$0 | 0 |
| Established Patient Evaluation and Management 99214 Encounter 105 194 \$35,864 \$342 Substance Use Disorder: Established Patient Evaluation and Management 99214 HF 30 Minutes 0 0 0 \$0 \$0 Management | \$101 | 2 |
| Substance Use Disorder: Established Patient Evaluation and 99214 HF 30 Minutes 0 0 \$0 \$0 \$0 Management | \$0 | 0 |
| <u>Management</u> | \$185 | 2 |
| Established Patient Evaluation and Management 99215 50 Minutes 30 40 \$12.850 \$428 | \$0 | 0 |
| 7-1 | \$321 | 1 |
| Substance Use Disorder: Established Patient Evaluation and 99215 HF 70 Minutes 0 0 \$0 \$0 \$0 Management | \$0 | 0 |
| Additional Codes-Physician Services 99221 15 Minutes 0 0 \$0 \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99222 25 minutes 3 3 \$461 \$154 | \$154 | 1 |
| Additional Codes-Physician Services 99223 35 Minutes 3 3 \$684 \$228 | \$228 | 1 |
| Additional Codes-Physician Services 9924 15 Minutes 0 0 \$0 \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99225 25 minutes 0 0 \$0 \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99226 35 Minutes 0 0 \$0 \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 <= 30 Minutes 3 28 \$1,236 \$412 | \$44 | 9 |
| Additional Codes-Physician Services 99232 > 30 Minutes 4 6 \$491 \$123 | \$82 | 2 |
| Additional Codes-Physician Services 99233 15 Minutes 4 8 \$937 \$234 | \$117 | 2 |
| Additional Codes-Physician Services 99238 30 Minutes 3 5 \$409 \$136 | \$82 | 2 |
| Additional Codes-Physician Services 99239 40 Minutes 2 2 \$241 \$120 | \$120 | 1 |
| Substance Use Disorder: Physician Consultations 99241 HF 60 Minutes 0 0 \$0 \$0 \$0 \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 \$ \$0 \$ \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 \$0 \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 \$0 \$0 \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 \$0 \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 | | |
| Substance Use Disorder: Physician Consultations 99252 HF 110 Minutes 0 0 \$0 \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Shiawassee | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Shiawassee | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 281 | 301 | \$54,287 | \$193 | \$180 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 2 | 15 | \$7,761 | \$3,880 | \$517 | 8 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 201 | 211 | \$65,989 | \$328 | \$313 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 5 | 5 | \$1,685 | \$337 | \$337 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 133 | 139 | \$20,596 | \$155 | \$148 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 38 | 40 | \$7,800 | \$205 | \$195 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 97 | 6,145 | \$554,143 | \$5,713 | \$90 | 63 |
| Home Based Services | | H0036 | ST | 15 Minutes | 6 | 229 | \$20,651 | \$3,442 | \$90 | 38 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 8 | 466 | \$23,564 | \$2,946 | \$51 | 58 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Shiawassee | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 74 | 257 | \$14,195 | \$192 | \$55 | 3 |
| Crisis Intervention | | H2011 | HB | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 13 | 56 | \$3,093 | \$238 | \$55 | 4 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 14 | 3,331 | \$40,566 | \$2,898 | \$12 | 238 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 13 | 338 | \$14,379 | \$1,106 | \$43 | 26 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Shiawassee | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 9 | 41 | \$7,389 | \$821 | \$180 | 5 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 4 | 10 | \$1,802 | \$451 | \$180 | 3 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 4 | 4 | \$852 | \$213 | \$213 | 1 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 45 | 10,899 | \$72,239 | \$1,605 | \$7 | 242 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 18 | 279 | \$25,160 | \$1,398 | \$90 | 16 |
| Targeted Case Management | | T1017 | | Encounter | 25 | 829 | \$74,757 | \$2,990 | \$90 | 33 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 73 | 96 | \$45,017 | \$617 | \$469 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Shiawassee | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 521 | | \$1,874,927 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Clair | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 66 | 750 | \$521,843 | \$7,907 | \$696 | 11 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 3 | 25 | \$3,737 | \$1,246 | \$149 | 8 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 28 | 244 | \$211,716 | \$7,561 | \$868 | 9 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 3 | 15 | \$2,739 | \$913 | \$183 | 5 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$2,984 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$12,052 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 2 | 47 | \$16,730 | \$8,365 | \$356 | 24 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Clair | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 9 | 9 | \$5,735 | \$637 | \$637 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 162 | 163 | \$89,627 | \$553 | \$550 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Clair | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 185 | 720 | \$67,360 | \$364 | \$94 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 343 | 1,825 | \$225,183 | \$657 | \$123 | 5 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 262 | 2,351 | \$487,774 | \$1,862 | \$207 | 9 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 2 | 2 | \$326 | \$163 | \$163 | 1 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 71 | 143 | \$19,908 | \$280 | \$139 | 2 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 214 | 826 | \$154,713 | \$723 | \$187 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 50 | 448 | \$129,784 | \$2,596 | \$290 | 9 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | - | | | - | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Clair | | | | Unit | | | | | | |
|--|--------------|------------|---------------------------------------|-------------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | · · · · · · · · · · · · · · · · · · · | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Clair | | von aa a | 16.110 | Unit | | | | | | ** |
|---|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 1 | 15 | \$471 | \$471 | \$31 | 15 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 1 | 2,626 | \$34,374 | \$34,374 | \$13 | 2,626 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 1 | 249 | \$7,822 | \$7,822 | \$31 | 249 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 1 | 20 | \$628 | \$628 | \$31 | 20 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 1 | 1 | \$195 | \$195 | \$195 | 1 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 1 | 1 | \$261 | \$261 | \$261 | 1 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | - | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Clair | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 2 | 2 | \$486 | \$243 | \$243 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 4 | 4 | \$1,672 | \$418 | \$418 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 1 | 1 | \$97 | \$97 | \$97 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 188 | 573 | \$84,288 | \$448 | \$147 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 206 | 640 | \$130,610 | \$634 | \$204 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 27 | 27 | \$9,867 | \$365 | \$365 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| _ | | | | | 9 | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Clair | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 4 | 5 | \$729 | \$182 | \$146 | 1 |
| Assessment | | 99335 | | Encounter | 2 | 2 | \$535 | \$267 | \$267 | 1 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Clair | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 6 | 10 | \$1,400 | \$233 | \$140 | 2 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 28 | 595 | \$77,703 | \$2,775 | \$131 | 21 |
| Assessment | | H0031 | | Encounter | 509 | 537 | \$273,386 | \$537 | \$509 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 22 | 23 | \$3,015 | \$137 | \$131 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 109 | 169 | \$20,929 | \$192 | \$124 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 54 | 86 | \$8,048 | \$149 | \$94 | 2 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 193 | 43,955 | \$1,212,867 | \$6,284 | \$28 | 228 |
| Home Based Services | | H0036 | ST | 15 Minutes | 5 | 37 | \$801 | \$160 | \$22 | 7 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 11 | 218 | \$7,039 | \$640 | \$32 | 20 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| St. Clair | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 1 | 3 | \$98 | \$98 | \$33 | 3 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 38 | 159 | \$26,160 | \$688 | \$165 | 4 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 99 | 13,947 | \$301,228 | \$3,043 | \$22 | 141 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 46 | 1,319 | \$37,070 | \$806 | \$28 | 29 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 1 | 365 | \$267,936 | \$267,936 | \$734 | 365 |
| Behavior Services | | H2019 | | Days | 1 | 31 | \$1,580 | \$1,580 | \$51 | 31 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 17 | 1,171 | \$73,034 | \$4,296 | \$62 | 69 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 5 | 176 | \$29,703 | \$5,941 | \$169 | 35 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 29 | 129 | \$3,145 | \$108 | \$24 | 4 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Clair | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 103 | 446 | \$106,072 | \$1,030 | \$238 | 4 |
| Family Training | | S5111 | HA | Days | 13 | 97 | \$18,713 | \$1,439 | \$193 | 7 |
| Family Training | | S5111 | НМ | Days | 23 | 291 | \$63,756 | \$2,772 | \$219 | 13 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 11 | 552 | \$27,611 | \$2,510 | \$50 | 50 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 19 | 46 | \$2,703 | \$142 | \$59 | 2 |
| Respite Care | | T1005 | | 15 minutes | 15 | 11,388 | \$48,215 | \$3,214 | \$4 | 759 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 3 | 6,761 | \$19,069 | \$6,356 | \$3 | 2,254 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 420 | 5,118 | \$263,879 | \$628 | \$52 | 12 |
| Targeted Case Management | | T1017 | | Encounter | 125 | 1,201 | \$60,167 | \$481 | \$50 | 10 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 165 | 209 | \$219,035 | \$1,327 | \$1,048 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Clair | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 6 | 56 | \$6,760 | \$1,127 | \$121 | 9 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 1 | 7 | \$430 | \$430 | \$61 | 7 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | · | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 910 | | \$5,405,799 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Joseph | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 7 | 38 | \$32,716 | \$4,674 | \$861 | 5 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 5 | 53 | \$27,845 | \$5,569 | \$525 | 11 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 4 | 27 | \$20,356 | \$5,089 | \$754 | 7 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 607 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | · | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Joseph | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | s 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | i | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | ; | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 1 | 14 | \$1,200 | \$1,200 | \$86 | 14 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 1 | 24 | \$2,057 | \$2,057 | \$86 | 24 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 1 | 46 | \$6,472 | \$6,472 | \$141 | 46 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 1 | 2,849 | \$72,216 | \$72,216 | \$25 | 2,849 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 1 | 571 | \$40,170 | \$40,170 | \$70 | 571 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | - | 90791 | | Encounter | 4 | 4 | \$1,082 | \$271 | \$271 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 58 | 59 | \$15,965 | \$275 | \$271 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Joseph | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 128 | 329 | \$25,914 | \$202 | \$79 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 137 | 382 | \$41,775 | \$305 | \$109 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 148 | 760 | \$100,776 | \$681 | \$133 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 108 | 343 | \$31,641 | \$293 | \$92 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 176 | 767 | \$87,050 | \$495 | \$113 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 1 | 2 | \$431 | \$431 | \$215 | 2 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 14 | 66 | \$15,775 | \$1,127 | \$239 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Joseph | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Joseph | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 1 | 4 | \$175 | \$175 | \$44 | 4 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 1 | 56 | \$710 | \$710 | \$13 | 56 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 2 | 313 | \$8,550 | \$4,275 | \$27 | 157 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 1 | 27 | \$738 | \$738 | \$27 | 27 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Joseph Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | | 77202 | 111 | Encounter | Ů. | · · | Ψ | φυ | Ψ0 | |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 6 | 6 | \$447 | \$75 | \$75 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 5 | 5 | \$614 | \$123 | \$123 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 86 | 224 | \$81,265 | \$945 | \$363 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 35 | 51 | \$22,350 | \$639 | \$438 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 2 | 3 | \$1,315 | \$657 | \$438 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 5 | 5 | \$482 | \$96 | \$96 | 1 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 2 | 2 | \$99 | \$49 | \$49 | 1 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 1 | 1 | \$91 | \$91 | \$91 | 1 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 6 | 23 | \$1,795 | \$299 | \$78 | 4 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 5 | 9 | \$810 | \$162 | \$90 | 2 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 3 | 3 | \$209 | \$70 | \$70 | 1 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 2 | 2 | \$133 | \$66 | \$66 | 1 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 3 | 3 | \$208 | \$69 | \$69 | 1 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | <u> </u> | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Joseph | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Joseph | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 4 | 19 | \$10,813 | \$2,703 | \$569 | 5 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 7 | 92 | \$30,122 | \$4,303 | \$327 | 13 |
| Assessment | | H0031 | | Encounter | 206 | 217 | \$123,488 | \$599 | \$569 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 10 | 12 | \$5,763 | \$576 | \$480 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 82 | 84 | \$13,053 | \$159 | \$155 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 35 | 2,825 | \$130,970 | \$3,742 | \$46 | 81 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Joseph | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 2 | 6 | \$1,502 | \$751 | \$250 | 3 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 14 | 50 | \$8,099 | \$578 | \$162 | 4 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 1 | 3 | \$486 | \$486 | \$162 | 3 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 17 | 2,541 | \$18,381 | \$1,081 | \$7 | 149 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 30 | 10,418 | \$153,033 | \$5,101 | \$15 | 347 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | <u> </u> | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Joseph | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 3 | 35 | \$7,601 | \$2,534 | \$217 | 12 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 16 | 217 | \$47,128 | \$2,945 | \$217 | 14 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 5 | 2,643 | \$12,605 | \$2,521 | \$5 | 529 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Targeted Case Management | | T1017 | | Encounter | 217 | 3,160 | \$250,306 | \$1,153 | \$79 | 15 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | - | Encounter | 34 | 42 | \$26,569 | \$781 | \$633 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| St. Joseph | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | · | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 399 | | \$1,483,353 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Summit Pointe | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|-------------------------------------|-------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | | Tieres code | | | | | | | | |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 31 | 272 | \$221,786 | \$7,154 | \$815 | 9 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 8 | 68 | \$51,882 | \$6,485 | \$763 | 9 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 2 | 16 | \$13,806 | \$6,903 | \$863 | 8 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | -, | | | 111111100 | | • | 40 | Ψ0 | Ψ | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Summit Pointe | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 1 | 7 | \$212 | \$212 | \$30 | 7 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 2 | 59 | \$2,060 | \$1,030 | \$35 | 30 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 2 | 608 | \$21,262 | \$10,631 | \$35 | 304 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 1 | 50 | \$1,246 | \$1,246 | \$25 | 50 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 1 | 48 | \$1,196 | \$1,196 | \$25 | 48 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 2 | 25 | \$2,330 | \$1,165 | \$93 | 13 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 2 | 49 | \$4,566 | \$2,283 | \$93 | 25 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Summit Pointe | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 204 | 738 | \$65,208 | \$320 | \$88 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 2 | 2 | \$177 | \$88 | \$88 | 1 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 504 | 1,712 | \$246,092 | \$488 | \$144 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 4 | 9 | \$1,294 | \$323 | \$144 | 2 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 321 | 841 | \$146,338 | \$456 | \$174 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 4 | 6 | \$1,044 | \$261 | \$174 | 2 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 31 | 42 | \$6,370 | \$205 | \$152 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 361 | 1,388 | \$197,688 | \$548 | \$142 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 20 | 138 | \$12,739 | \$637 | \$92 | 7 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 6 | 12 | \$1,108 | \$185 | \$92 | 2 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Summit Pointe | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 1 | 4 | \$211 | \$211 | \$53 | 4 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Composition for Physical Brazupy 97 24 | Summit Pointe | Daniero Carlo | HCDCS C. 1. | M. P.C. | Unit | Corre | TT-14- | Cont | G. H/G. | Cont White | H-2/C |
|--|---|---------------|-------------|----------|------------|-------|--------|----------|-----------|------------|-----------|
| Computation of Physical Theory | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Description of Physical Theory 97150 15 Minutes 0 0 30 39 30 | Occupational or Physical Therapy | | | | | | | | | | 0 |
| MA Method Medication Account (use code effective 11/19) | Occupational or Physical Therapy | | | | | | | | | | 0 |
| Management Man | Occupational or Physical Therapy | | | | | | | | | - '- | 0 |
| MAN Company Antherwise Treatment Qualment Relativise Treatment Relativise Treatment Qualment Relativise Treatment R | ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 5 | 71 | \$2,692 | \$538 | \$38 | 14 |
| MA Chainal Observation and Direction of Adaptive Belaviors 9715 U5 Exouster 4 66 Sl.975 580 58 58 58 58 58 58 | ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 4 | 5,022 | \$63,276 | \$15,819 | \$13 | 1,256 |
| National N | ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 1 | 588 | \$2,328 | \$2,328 | \$4 | 588 |
| MAR Pamily Polithrie Treatment Gislance(new ode effective 11/19 | ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 4 | 607 | \$18,072 | \$4,518 | \$30 | 152 |
| MA Adaptive Behvior Transent Scial Skills Grooppew 971s | ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 4 | 66 | \$1,995 | \$499 | \$30 | 17 |
| Physical Therapy | ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy 97164 Encounter 0 0 0 50 50 50 50 50 | Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97165 Encounter 0 0 \$0 < | Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97166 15 Minutes 0 0 \$0 | Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97167 15 Minutes 0 0 SO SO SO Occupational Therapy 97168 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97530 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97533 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97537 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97537 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97542 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97750 15 Minutes 0 0 SO SO SO Occupational Therapy 97760 15 Minutes 0 0 SO SO SO SO Occupational Physical Therapy 97763 15 Minu | Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Secupational or Physical Therapy 97530 15 Minutes 0 0 0 80 80 80 80 | Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97533 15 Minutes 0 0 50 50 50 50 50 | Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97535 15 Minutes 0 0 S0 S0 S0 Occupational or Physical Therapy 97537 15 Minutes 0 0 S0 S0 S0 Occupational or Physical Therapy 97542 15 Minutes 0 0 S0 S0 S0 Occupational or Physical Therapy 97750 15 Minutes 0 0 S0 S0 S0 Occupational or Physical Therapy 97760 15 Minutes 0 0 S0 S0 S0 Occupational or Physical Therapy 97760 15 Minutes 0 0 S0 S0 S0 Occupational or Physical Therapy 97760 15 Minutes 0 0 S0 S0 S0 Occupational or Physical Therapy 97763 30 Minutes 0 0 S0 S0 S0 Assessment or Health Services 97802 Encounter 0 0 S0 S0 S0 Substance Use Disorder: Acupuncture 97810 | Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97533</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97542 15 Minutes 0 0 50 50 50 Occupational or Physical Therapy 97750 15 Minutes 0 0 50 50 50 Occupational Therapy 97755 15 Minutes 0 0 50 50 50 Occupational or Physical Therapy 97760 15 Minutes 0 0 50 50 50 Occupational or Physical Therapy 97763 30 Minutes 0 0 50 50 50 Assessment or Health Services 97802 Encounter 0 0 50 50 50 Assessment or Health Services 97803 Encounter 0 0 50 50 50 Assessment or Health Services 97803 Encounter 0 0 50 50 50 Beath Services 97804 Encounter 0 0 50 50 50 Substance Use Disorder: Acupuncture 97811 Encounter 0 | Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97750 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97537</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97755 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Cocupational or Physical Therapy 97760 15 Minutes 0 0 50 50 50 50 | Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97763 30 Minutes 0 0 \$0 </td <td>Occupational Therapy</td> <td></td> <td>97755</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97802 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management 97801 Fincunter 97802 Fincunter 97803 Fincunter 97804 Fincunter 97804 Fincunter 97804 Fincunter 97804 Fincunter 97805 Fincunter 97806 Fincunter | Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services 97804 Encounter 0 0 \$0 | Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97810 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97811 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99201 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and 99201 HF Encounter 0 0 80 \$0 \$0 \$0 Management | Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99202 Encounter 0 0 \$0 \$0 \$0 | Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Summit Pointe Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | |))202 | | Encounter | v | | ΨΟ | ΨΟ | ΨΟ | |
| New Patient Evaluation and Management | | 99203 | | Encounter | 9 | 9 | \$1,424 | \$158 | \$158 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 37 | 37 | \$8,783 | \$237 | \$237 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 145 | 146 | \$43,321 | \$299 | \$297 | 1 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 110 | 151 | \$9,957 | \$91 | \$66 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 337 | 719 | \$80,596 | \$239 | \$112 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 172 | 253 | \$45,788 | \$266 | \$181 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 22 | 23 | \$4,853 | \$221 | \$211 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 3 | 3 | \$302 | \$101 | \$101 | 1 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 4 | 13 | \$895 | \$224 | \$69 | 3 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 3 | 3 | \$302 | \$101 | \$101 | 1 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 2 | 2 | \$201 | \$101 | \$101 | 1 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Summit Pointe | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Summit Pointe | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 6 | 6 | \$1,266 | \$211 | \$211 | 1 |
| Assessment | | H0002 | | Encounter | 127 | 132 | \$15,392 | \$121 | \$117 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 22 | 116 | \$73,038 | \$3,320 | \$630 | 5 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 594 | 612 | \$129,134 | \$217 | \$211 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 10 | 11 | \$6,854 | \$685 | \$623 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 168 | 16,005 | \$545,464 | \$3,247 | \$34 | 95 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 3 | 174 | \$3,213 | \$1,071 | \$18 | 58 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 35 | 2,198 | \$40,581 | \$1,159 | \$18 | 63 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Summit Pointe | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 15 | 49 | \$13,572 | \$905 | \$277 | 3 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 33 | 187 | \$23,921 | \$725 | \$128 | 6 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 129 | 1,367 | \$192,894 | \$1,495 | \$141 | 11 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 5 | 764 | \$4,267 | \$853 | \$6 | 153 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 1 | 44 | \$443 | \$443 | \$10 | 44 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 59 | 3,380 | \$111,436 | \$1,889 | \$33 | 57 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 1 | 6 | \$2,690 | \$2,690 | \$448 | 6 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 34 | 2,574 | \$139,175 | \$4,093 | \$54 | 76 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Summit Pointe | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 3 | 6 | \$3,387 | \$1,129 | \$564 | 2 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 1 | 487 | \$1,414 | \$1,414 | \$3 | 487 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 126 | 502 | \$79,732 | \$633 | \$159 | 4 |
| Targeted Case Management | | T1017 | | Encounter | 19 | 663 | \$32,446 | \$1,708 | \$49 | 35 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 78 | 96 | \$68,319 | \$876 | \$712 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Summit Pointe | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 5 | 42 | \$4,508 | \$902 | \$107 | 8 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 1,233 | | \$2,776,544 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Tuscola | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 6 | 66 | \$52,343 | \$8,724 | \$793 | 11 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 7 | 78 | \$80,547 | \$11,507 | \$1,033 | 11 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 24 | 243 | \$181,652 | \$7,569 | \$748 | 10 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 2 | 10 | \$1,064 | \$532 | \$106 | 5 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Service Category Inpatient Hospital Ancillary Services - Other Therapeutic Services Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia | Revenue Code s 0940-0942 0901 | 00104 00104 | Modifier | Measure Encounter | Cases 0 | Units 0 | Cost \$0 | Cost/Case | Cost/Unit | Unit/Case |
|--|-------------------------------------|----------------|----------|-------------------------------|---------|------------|-------------|-----------|-----------|-----------|
| Additional Codes-ECT Anesthesia Additional Codes-ECT Anesthesia | | | | Encounter | 0 | 0 | en. | | - | |
| Additional Codes-ECT Anesthesia | 0901 | | | | | | Φ0 | \$0 | \$0 | 0 |
| | 0901 | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 4 | 4 | \$1,922 | \$481 | \$481 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | j | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | 5 | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 8 | 238 | \$6,795 | \$849 | \$29 | 30 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 8 | 1,942 | \$56,561 | \$7,070 | \$29 | 243 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 7 | 70 | \$4,167 | \$595 | \$60 | 10 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 6 | 136 | \$8,761 | \$1,460 | \$64 | 23 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 4 | 13 | \$1,667 | \$417 | \$128 | 3 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 77 | 77 | \$58,217 | \$756 | \$756 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 1 | 1 | \$973 | \$973 | \$973 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Tuscola | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 34 | 54 | \$6,973 | \$205 | \$129 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 79 | 319 | \$65,555 | \$830 | \$206 | 4 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 71 | 221 | \$69,210 | \$975 | \$313 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 39 | 156 | \$42,345 | \$1,086 | \$271 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 3 | 3 | \$619 | \$206 | \$206 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Tuscola | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 3 | 3 | \$393 | \$131 | \$131 | 1 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 3 | 9 | \$1,178 | \$393 | \$131 | 3 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | - | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Tuscola | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 9 | 56 | \$1,806 | \$201 | \$32 | 6 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 11 | 11,051 | \$159,435 | \$14,494 | \$14 | 1,005 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 2 | 91 | \$397 | \$198 | \$4 | 46 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 11 | 1,259 | \$39,172 | \$3,561 | \$31 | 114 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 8 | 117 | \$3,699 | \$462 | \$32 | 15 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Tuscola | | | | Unit | | | | | | |
|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 80 | 147 | \$26,270 | \$328 | \$179 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 96 | 206 | \$42,477 | \$442 | \$206 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 62 | 110 | \$36,291 | \$585 | \$330 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 32 | 49 | \$26,943 | \$842 | \$550 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 17 | 18 | \$2,036 | \$120 | \$113 | 1 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 13 | 15 | \$2,975 | \$229 | \$198 | 1 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 23 | 89 | \$3,291 | \$143 | \$37 | 4 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 20 | 84 | \$5,626 | \$281 | \$67 | 4 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 11 | 32 | \$3,258 | \$296 | \$102 | 3 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 22 | 24 | \$1,565 | \$71 | \$65 | 1 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 6 | 6 | \$594 | \$99 | \$99 | 1 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | - | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | - | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Tuscola | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Tuscola | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|--------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 1 | 8 | \$3,632 | \$3,632 | \$454 | 8 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 167 | 186 | \$83,043 | \$497 | \$446 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 21 | 23 | \$15,650 | \$745 | \$680 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 87 | 89 | \$28,754 | \$331 | \$323 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 140 | 14,859 | \$1,468,764 | \$10,491 | \$99 | 106 |
| Home Based Services | | H0036 | ST | 15 Minutes | 27 | 1,184 | \$117,099 | \$4,337 | \$99 | 44 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Tuscola | | | | Unit | | | | | | |
|---|---------------------------------------|------------|---------------------------------------|-------------|-------|---------------------------------------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 13 | 112 | \$7,756 | \$597 | \$69 | 9 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 12 | 92 | \$15,809 | \$1,317 | \$172 | 8 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 4 | 19 | \$3,265 | \$816 | \$172 | 5 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 117 | 359 | \$14,923 | \$128 | \$42 | 3 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | | · · · · · · · · · · · · · · · · · · · | | | | |

Children with Serious Emotional Disturbance

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| Tuscola | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 6 | 35 | \$12,923 | \$2,154 | \$369 | 6 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 9 | 48 | \$17,723 | \$1,969 | \$369 | 5 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 3 | 4 | \$1,102 | \$367 | \$276 | 1 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 3 | 4 | \$490 | \$163 | \$122 | 1 |
| Respite Care | | T1005 | | 15 minutes | 19 | 3,358 | \$7,905 | \$416 | \$2 | 177 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 18 | 112 | \$14,474 | \$804 | \$129 | 6 |
| Targeted Case Management | | T1017 | | Encounter | 30 | 672 | \$75,323 | \$2,511 | \$112 | 22 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 43 | 67 | \$55,457 | \$1,290 | \$828 | 2 |

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| Tuscola | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 69 | 606 | \$6,264 | \$91 | \$10 | 9 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 24 | 172 | \$11,555 | \$481 | \$67 | 7 |
| Respite Care | | T2037 | | Per Item | 1 | 5 | \$135 | \$135 | \$27 | 5 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 2 | 0 | \$240 | \$120 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 310 | | \$2,959,062 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Van Buren | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 8 | 103 | \$104,749 | \$13,094 | \$1,017 | 13 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 2 | 22 | \$20,205 | \$10,103 | \$918 | 11 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
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Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Van Buren | D 0.1 | Honor G. I | M 110 | Unit | 0 | TT 5 | G . | 00 | G . W. | H ::/0 |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 1 | 46 | \$1,913 | \$1,913 | \$42 | 46 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 1 | 199 | \$8,277 | \$8,277 | \$42 | 199 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 1 | 8 | \$799 | \$799 | \$100 | 8 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 1 | 21 | \$2,096 | \$2,096 | \$100 | 21 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 149 | 154 | \$60,745 | \$408 | \$394 | 1 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 46 | 46 | \$14,367 | \$312 | \$312 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | 50 minutes | O O | · · | Ψ0 | *** | 40 | · · |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Van Buren | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 89 | 289 | \$37,992 | \$427 | \$131 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 1 | 3 | \$126 | \$126 | \$42 | 3 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 141 | 724 | \$189,994 | \$1,347 | \$262 | 5 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 2 | 41 | \$3,451 | \$1,725 | \$84 | 21 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 57 | 166 | \$65,574 | \$1,150 | \$395 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 1 | 3 | \$252 | \$252 | \$84 | 3 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 17 | 18 | \$3,787 | \$223 | \$210 | 1 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 2 | 3 | \$394 | \$197 | \$131 | 2 |
| Therapy-Family Therapy | | 90846 | | Encounter | 34 | 99 | \$18,673 | \$549 | \$189 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 70 | 232 | \$47,813 | \$683 | \$206 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 4 | 12 | \$1,010 | \$252 | \$84 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

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| Van Buren | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 1 | 1 | \$131 | \$131 | \$131 | 1 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 1 | 3 | \$394 | \$394 | \$131 | 3 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 8 | 9 | \$947 | \$118 | \$105 | 1 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 8 | 43 | \$5,654 | \$707 | \$131 | 5 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 1 | 1 | \$89 | \$89 | \$89 | 1 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Van Buren | | | | Unit | | ** . | | aa | | *** |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 2 | 28 | \$1,171 | \$586 | \$42 | 14 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 2 | 3,922 | \$54,379 | \$27,189 | \$14 | 1,961 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 2 | 465 | \$15,473 | \$7,737 | \$33 | 233 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 2 | 18 | \$599 | \$299 | \$33 | 9 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | - | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Van Buren | D Co. I. | HCDCs C. I. | M. Ec. | Unit | Corre | TTotal | Cont | G-4/G | G All - is | H-2/C |
|---|--------------|-------------|----------|---------------|-------|--------|----------|-----------|------------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 2 | 3 | \$158 | \$79 | \$53 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 118 | 374 | \$29,468 | \$250 | \$79 | 3 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 5 | 5 | \$700 | \$140 | \$140 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 1 | 1 | \$256 | \$256 | \$256 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 2 | 2 | \$222 | \$111 | \$111 | 1 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 2 | 12 | \$1,331 | \$666 | \$111 | 6 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 2 | 6 | \$666 | \$333 | \$111 | 3 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 1 | 1 | \$111 | \$111 | \$111 | 1 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Van Buren | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 2 | 2 | \$316 | \$158 | \$158 | 1 |
| Assessment | | H0002 | | Encounter | 106 | 113 | \$14,859 | \$140 | \$131 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 11 | 53 | \$36,742 | \$3,340 | \$693 | 5 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 91 | 99 | \$26,037 | \$286 | \$263 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 1 | 1 | \$210 | \$210 | \$210 | 1 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 26 | 2,029 | \$192,106 | \$7,389 | \$95 | 78 |
| Home Based Services | | H0036 | ST | 15 Minutes | 20 | 1,194 | \$113,048 | \$5,652 | \$95 | 60 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | C |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | C |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 2 | 7 | \$2,135 | \$1,068 | \$305 | 4 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 1 | 1 | \$295 | \$295 | \$295 | 1 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 1 | 3 | \$884 | \$884 | \$295 | 3 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | C |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 7 | 175 | \$2,071 | \$296 | \$12 | 25 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 6 | 131 | \$1,550 | \$258 | \$12 | 22 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | (|
| Wraparound | | H2021 | | 15 minutes | 1 | 24 | \$2,439 | \$2,439 | \$102 | 24 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 7 | 88 | \$38,440 | \$5,491 | \$437 | 13 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | C |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | (|
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 4 | 12 | \$3,787 | \$947 | \$316 | 3 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 3 | 3,624 | \$19,062 | \$6,354 | \$5 | 1,208 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 1 | 1 | \$84 | \$84 | \$84 | 1 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 1 | 6 | \$757 | \$757 | \$126 | 6 |
| Targeted Case Management | | T1017 | | Encounter | 79 | 2,552 | \$375,858 | \$4,758 | \$147 | 32 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 37 | 44 | \$17,358 | \$469 | \$394 | 1 |
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| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 6 | 161 | \$25,406 | \$4,234 | \$158 | 27 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 11 | 93 | \$7,842 | \$713 | \$84 | 8 |
| Respite Care | | T2037 | | Per Item | 3 | 13 | \$871 | \$290 | \$67 | 4 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | · | | - | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | · | - | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 362 | | \$1,576,128 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Washtenaw | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 45 | 426 | \$334,252 | \$7,428 | \$785 | 9 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 50 | 504 | \$414,535 | \$8,291 | \$822 | 10 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 2 | 39 | \$35,100 | \$17,550 | \$900 | 20 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 79 | 770 | \$268,930 | \$3,404 | \$349 | 10 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Washtenaw | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 1 | 1 | \$493 | \$493 | \$493 | 1 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 7 | 213 | \$5,815 | \$831 | \$27 | 30 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 7 | 974 | \$26,542 | \$3,792 | \$27 | 139 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 7 | 49 | \$3,144 | \$449 | \$64 | 7 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 7 | 81 | \$5,225 | \$746 | \$65 | 12 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 3 | 18 | \$2,358 | \$786 | \$131 | 6 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 129 | 132 | \$61,017 | \$473 | \$462 | 1 |
| Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Washtenaw | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 96 | 175 | \$18,025 | \$188 | \$103 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 143 | 426 | \$70,175 | \$491 | \$165 | 3 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 281 | 1,520 | \$302,936 | \$1,078 | \$199 | 5 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 80 | 278 | \$48,778 | \$610 | \$175 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 280 | 1,524 | \$255,895 | \$914 | \$168 | 5 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 14 | 61 | \$11,140 | \$796 | \$183 | 4 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 1 | 1 | \$183 | \$183 | \$183 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 9 | 60 | \$9,241 | \$1,027 | \$154 | 7 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| · | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Washtenaw | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|---------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 5 | 30 | \$2,780 | \$556 | \$93 | 6 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | · | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Washtenaw | | | | Unit | | | | | | |
|--|--------------|------------|----------|------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 7 | 67 | \$2,815 | \$402 | \$42 | 10 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 9 | 2,872 | \$39,174 | \$4,353 | \$14 | 319 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 9 | 406 | \$13,329 | \$1,481 | \$33 | 45 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 7 | 109 | \$3,553 | \$508 | \$33 | 16 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Washtenaw Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|---------------|------------|----------|-----------------|-------|-------|-----------|-----------|-----------|-----------|
| | Trevenue esue | | HF | | 0 | 0 | | | | |
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | ПГ | Encounter | U | Ü | \$0 | \$0 | \$0 | C |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 3 | 3 | \$660 | \$220 | \$220 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 148 | 310 | \$69,065 | \$467 | \$223 | 2 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | C |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 246 | 874 | \$209,218 | \$850 | \$239 | 4 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 5 | 5 | \$1,709 | \$342 | \$342 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | C |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Washtenaw | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Washtenaw | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 5 | 6 | \$1,426 | \$285 | \$238 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 14 | 170 | \$55,213 | \$3,944 | \$325 | 12 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 526 | 565 | \$167,240 | \$318 | \$296 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 42 | 80 | \$23,680 | \$564 | \$296 | 2 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 359 | 545 | \$123,312 | \$343 | \$226 | 2 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 56 | 4,296 | \$581,979 | \$10,392 | \$135 | 77 |
| Home Based Services | | H0036 | ST | 15 Minutes | 20 | 2,023 | \$342,433 | \$17,122 | \$169 | 101 |
| Peer Directed and Operated Support Services | | H0038 | | | 6 | 73 | \$4,025 | \$671 | \$55 | 12 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Washtenaw | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|--------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 2 | 9 | \$1,153 | \$576 | \$128 | 5 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 102 | 582 | \$93,352 | \$915 | \$160 | 6 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 10 | 172 | \$822 | \$82 | \$5 | 17 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 10 | 15,348 | \$70,294 | \$7,029 | \$5 | 1,535 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 20 | 754 | \$177,326 | \$8,866 | \$235 | 38 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 17 | 218 | \$81,589 | \$4,799 | \$374 | 13 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Washtenaw | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 29 | 99 | \$13,468 | \$464 | \$136 | 3 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | HM | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 40 | 1,396 | \$60,377 | \$1,509 | \$43 | 35 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 175 | 178 | \$29,769 | \$170 | \$167 | 1 |
| Health Services | | T1002 | | 15 Minutes | 30 | 38 | \$3,932 | \$131 | \$103 | 1 |
| Respite Care | | T1005 | | 15 minutes | 6 | 6,281 | \$25,815 | \$4,302 | \$4 | 1,047 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 1 | 1 | \$173 | \$173 | \$173 | 1 |
| Targeted Case Management | | T1017 | | Encounter | 271 | 2,038 | \$301,237 | \$1,112 | \$148 | 8 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 74 | 88 | \$64,479 | \$871 | \$733 | 1 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Washtenaw | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 2 | 13 | \$1,436 | \$718 | \$110 | 7 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 5 | 5 | \$4,289 | \$858 | \$858 | 1 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 845 | | \$4,444,903 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| West Michigan Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|-------------------------------------|------------|----------|-----------------|---------|-----------|-----------|-----------|-----------|-----------|
| | | | PT68 | | | | | | | |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 14 5 | 131 38 | \$133,777 | \$9,556 | \$1,021 | 9 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | 154 | | Days | | | \$7,395 | \$1,479 | \$195 | 8 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 1 | 7 | \$7,417 | \$7,417 | \$1,060 | 7 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 | 154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 58 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 07 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | - | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Repaired Hispails Availant's Services Coher Thompsonic Services (640 0494) | West Michigan | | | | Unit | | | | | | |
|--|--|--------------|------------|----------|------------------|-------|-------|----------|-----------|-----------|-----------|
| Matheman Code he CFT Ameriments 0004 | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Colors ECT Accordions 0691 06104 15 Alluments 0 0 0 50 50 50 0 1 1 1 1 1 1 1 1 | Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| MAN Deliver the function in Autonome (1900) | Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| March Relational Tables up Assessment (reporting units of per 15 or 100 27 0.5 Fisch Additional 20 0.0 0 | Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Manual Publishment Robus my Assessment represting minist of part 15 minutes (Robus my Assessment represting minist of part 15 minutes (Robus my Assessment Robus my | ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | | 1 | 1 | \$212 | \$212 | \$212 | 1 |
| Minute M | ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| AAA Adaptive Treatment (Note code crited [23119] 0.561 | ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19) | | 0362T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mach Adaptive Treatment (Note: code retired 2211/8) 0867 05 15 16 15 16 16 16 16 1 | ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Composition to Relativist Testiment Notice code retired 9667 | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Marking Mark | ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| 12311189 123 | ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| National Notes code retined 123/118/ 18 | ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Name | ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Belavior Treatment Guidance Note: code retired | ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: 0372T U5 Each Additional 30 0 0 S0 S0 S0 S0 0 0 | ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 1 | 2 | \$334 | \$334 | \$167 | 2 |
| ABA Exposure Adaptive Behavior Treatment (reporting units) 0.373T 0.5 Encounter 0.5 | ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19 - see new line below) ABA Exposure Adaptive Behavior Treatment (Note: code 0374T U5 Encounter 0 0 0 S0 S0 S0 S0 S0 S0 S0 S0 C0 retired 1/2/31/18) Drug Screen 80305 Encounter 0 0 0 S0 | ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Per 15 minutes effective 1/1/19 ABA Exposure Adaptive Behavior Treatment(Note: code retired 1/23/1/18 Pug Screen | ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prog Screen S0305 Encounter O O S0 S0 S0 S0 O | ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen 80306 Encounter 0 0 50 50 50 0 Drug Screen 80307 Encounter 0 0 \$0 | ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen S0307 Encounter O O S0 S0 S0 S0 S0 O | Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Encounter | Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90785 U5 Encounter 0 0 \$0 | Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code 90785 HF Encounter 0 0 \$0< | Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment 90791 Encounter 43 43 \$26,049 \$606 \$606 1 Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90791 HF Encounter 0 0 \$0 | Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism 90791 U5 Encounter 0 0 \$0 | Assessment | | 90791 | | Encounter | 43 | 43 | \$26,049 | \$606 | \$606 | 1 |
| Assessment 90792 30 Minutes 1 1 \$454 \$454 \$454 \$454 \$1 Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 | Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment 90792 HF 30 Minutes 0 0 \$0 | Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment | | 90792 | | 30 Minutes | 1 | 1 | \$454 | \$454 | \$454 | 1 |
| Assessment for Autism 90792 U5 30 Minutes 0 0 \$0 \$0 \$0 \$0 0 | Substance Use: Assessment | | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Assessment for Autism | | 90792 | U5 | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| West Michigan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 22 | 44 | \$4,201 | \$191 | \$95 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 56 | 138 | \$17,888 | \$319 | \$130 | 2 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 91 | 671 | \$144,701 | \$1,590 | \$216 | 7 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 2 | 3 | \$547 | \$273 | \$182 | 2 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 1 | 1 | \$175 | \$175 | \$175 | 1 |
| Therapy-Family Therapy | | 90846 | | Encounter | 24 | 86 | \$15,630 | \$651 | \$182 | 4 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 27 | 191 | \$35,390 | \$1,311 | \$185 | 7 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 12 | 37 | \$23,403 | \$1,950 | \$633 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 2 | 2 | \$198 | \$99 | \$99 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| - | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| West Michigan | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 1 | 1 | \$342 | \$342 | \$342 | 1 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | - | 96372 | - | 15 Minutes | 2 | 6 | \$993 | \$496 | \$165 | 3 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| West Michigan | | | | Unit | | | | | | |
|---|--------------|------------|----------|------------|-------|-------|-------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Occupational or Physical Therapy | | 97124 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97140 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97150 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (new code effective 1/1/19) | | 97151 | U5 | 15 Minutes | 2 | 14 | \$464 | \$232 | \$33 | 7 |
| ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(new code effective 1/1/19) | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19) | | 97155 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97156 | U5 | Encounter | 1 | 13 | \$752 | \$752 | \$58 | 13 |
| ABA Family Behavior Treatment Guidance(new code effective 1/1/19) | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19) | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | · | 99201 | - | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| West Michigan Service Category | Revenue Code | HCPCS Code | Modifier | Unit Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
|---|--------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99211 | | Encounter | 21 | 29 | \$8,572 | \$408 | \$296 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99212 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99213 | | Encounter | 106 | 432 | \$83,311 | \$786 | \$193 | 4 |
| Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99214 | | Encounter | 13 | 34 | \$7,035 | \$541 | \$207 | 3 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 3 | 3 | \$947 | \$316 | \$316 | 1 |
| Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99221 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99233 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99238 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| West Michigan | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| West Michigan | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 245 | 266 | \$47,276 | \$193 | \$178 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 9 | 57 | \$33,417 | \$3,713 | \$586 | 6 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 138 | 144 | \$32,980 | \$239 | \$229 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 10 | 10 | \$1,558 | \$156 | \$156 | 1 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 99 | 102 | \$14,108 | \$143 | \$138 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 46 | 4,694 | \$315,718 | \$6,863 | \$67 | 102 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 10 | 371 | \$1,232 | \$123 | \$3 | 37 |
| Peer Directed and Operated Support Services | | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| West Michigan | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 57 | 316 | \$33,597 | \$589 | \$106 | 6 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 96 | 5,316 | \$50,980 | \$531 | \$10 | 55 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 5 | 24 | \$183 | \$37 | \$8 | 5 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound | | H2021 | | 15 minutes | 6 | 322 | \$14,622 | \$2,437 | \$45 | 54 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 7 | 140 | \$37,654 | \$5,379 | \$269 | 20 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 130 | 507 | \$14,186 | \$109 | \$28 | 4 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

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| West Michigan | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 77 | 180 | \$26,341 | \$342 | \$146 | 2 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 5 | 13 | \$1,902 | \$380 | \$146 | 3 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 1 | 638 | \$2,922 | \$2,922 | \$5 | 638 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Targeted Case Management | | T1017 | | Encounter | 183 | 5,070 | \$250,103 | \$1,367 | \$49 | 28 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 36 | 46 | \$21,343 | \$593 | \$464 | 1 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| West Michigan | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-------------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 464 | | \$1,420,309 | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Woodlands | | | | Unit | | | | | | |
|---|-------------------------------------|------------|----------|-----------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Local Psychiatric Hospital/IMD PT68 bundled per diem | 0100 | | PT68 | Days | 5 | 46 | \$40,841 | \$8,168 | \$888 | 9 |
| Local Psychiatric Hospital/IMD PT68bundled per diem | 0100 | | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD PT68physician costs excluded | 0114, 0124, 0134, 0 | 0154 | PT68 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73bundled per diem | 0100 | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 2 | 17 | \$14,324 | \$7,162 | \$843 | 9 |
| Local Psychiatric Hospital - Acute Community PT73physician costs excluded | 0114, 0124, 0134, 0 |)154 | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/IMD | | | PT68 | Amount | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Local Psychiatric Hospital/Acute Community | | | PT73 | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Room and Board | 0144 | | | # of items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Leave of Absence | 0183 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0250-0254, 0257-02 | 258 | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices | 0270-0272 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Laboratory | 0300-0302, 0305-03 | 307 | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Radiology | 0320 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Anesthesia | 0370 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Respiratory Services | 0410 | | | # of treatments | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -Physical Therapy | 0420-0424 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Occupational Therapy | 0430-0434 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Speech-Language Pathology | 0440-0444 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Emergency Room | 0450 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pulmonary Function | 0460 | | | # of units | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Audiology | 0470-0472 | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT) | 0610-0611 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Pharmacy | 0636 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ECT Recovery Room | 0710 | | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services -EKG/ECG | 0730-0731 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - EEG | 0740 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Observation Care | 0762 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Facility Charge | 0901 | | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services | 0900, 0902-0904, 0911, 0914-0919 | | | # of tests | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0912 | | | # of visits | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Outpatient Partial Hospitalization | 0913 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Inpatient Hospital Ancillary Services - Other Diagnosis Services | 0925 | | | Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | | | | | | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Woodlands | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|----------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Inpatient Hospital Ancillary Services - Other Therapeutic Services | 0940-0942 | | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | | 00104 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Anesthesia | 0901 | 00104 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavior Identification Assessment (Note: code retired 12/31/18) | | 0359T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective $1/1/19$) | | 0362T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18) | | 0363T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0364T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Treatment(Note: code retired 12/31/18) | | 0365T | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0366T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0367T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0368T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0369T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0370T | U5 | First 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18) | | 0371T | U5 | Per 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18) | | 0372T | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units changed effective 1/1/19 - see new line below) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19) | | 0373T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18) | | 0374T | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80305 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80306 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Drug Screen | | 80307 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Interactive Complexity - Add On Code | | 90785 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90785 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Abuse - Interactive Complexity - Add On Code | | 90785 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90791 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use: Assessment | | 90791 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 90791 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90792 | | 30 Minutes | 16 | 16 | \$11,100 | \$694 | \$694 | 1 |
| Substance Use: Assessment | • | 90792 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use. Assessment | | 70172 | | 30 Williates | 0 | <u> </u> | 30 | 30 | 30 | - 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Woodlands | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------------------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Mental Health: Outpatient Care | | 90832 | | 45 Minutes | 3 | 4 | \$432 | \$144 | \$108 | 1 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90832 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90833 | | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90834 | | 60 Minutes | 82 | 413 | \$47,280 | \$577 | \$114 | 5 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | 90834 | HF | 60 Minutes | 1 | 2 | \$240 | \$240 | \$120 | 2 |
| Assessment | | 90836 | | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health: Outpatient Care | | 90837 | | First 30-74 Min. | 5 | 15 | \$1,722 | \$344 | \$115 | 3 |
| Substance Use Disorder: Outpatient Care | | 90837 | HF | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 90838 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis First 60 Minutes | | 90839 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Psychotherapy for Crisis Each Additional 30 Minutes | | 90840 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90846 | | Encounter | 11 | 13 | \$2,199 | \$200 | \$169 | 1 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90846 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90847 | | Encounter | 31 | 103 | \$15,971 | \$515 | \$155 | 3 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90847 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Family Therapy | | 90849 | HS | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90849 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Therapy-Group Therapy | | 90853 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | 90853 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacological Management (SED Waiver) | | 90863 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-ECT Physician | 0901 | 90870 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 90887 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92507 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92508 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92521 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92522 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92523 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92524 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92526 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92607 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92608 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92609 | | Each Additional 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Speech & Language Therapy | | 92610 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | - | | | | - | ** | | | |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Woodlands | | | | Unit | | | | | | |
|--|--------------|------------|----------|-------------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Assessments - Testing(Note: code retired 12/31/18) | | 96101 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96101 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96102 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96102 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96103 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96105 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96110 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Other(Note: code retired 12/31/18) | | 96111 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96112 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96113 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Neurobehavioral Status Exam | | 96116 | | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96118 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96118 | U5 | Per Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96119 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism(Note: code retired 12/31/18) | | 96119 | U5 | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing(Note: code retired 12/31/18) | | 96120 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96121 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments-Other | | 96127 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96130 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96130 | U5 | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96131 | | First Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96131 | U5 | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96132 | | Each Additional Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96132 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96133 | | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96133 | U5 | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96136 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96136 | U5 | First 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96137 | | Each Additional 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment for Autism | | 96137 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96138 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96139 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments - Testing | | 96146 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 96372 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97110 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97112 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97113 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | 97116 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Compination of Physical Therapy | Woodlands | Revenue Code | HCPCS Code | Modifier | Unit | Cases | Units | Cost | Cont/Con | Cost/Unit | Unit/Case |
|--|---|--------------|------------|----------|------------|-------|-------|------|-----------|-----------|-----------|
| Secretarion for Processed Therropy | Service Category | Revenue Code | | Wodiller | Measure | | | | Cost/Case | | |
| Secondaria for Resourced Tentropy | - | | | | | | | | | | 0 |
| ABA Relayire Interfluention Assessment (new code effective 11/19) | - | | | | | | | | | | 0 |
| MAN Adaptive Relaxis Transment (new code effective 17119) | | | | | | | | | | | 0 |
| ABA Comp Adaptive Behavior Treatment (one code effective profile) 1715 175 1 | | | 97151 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mak Clinical Discretation and Direction of Adaptive Delavior 97155 US 15 Minutes 0 0 0 0 0 0 0 0 0 | ABA Adaptive Behavior Treatment (new code effective 1/1/19) | | 97153 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Parameter (Second efficience 11119) | | | 97154 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ABA Family Behavior Treatment Guidance (cook effective 97157 US Encounter 0 0 0 50 50 50 50 50 | | | 97155 | U5 | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| ADA Adaptive Relavior Freatment Social Skills Group(new cole effective 1/179) | | | 97156 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Coccopational Therapy 97161 Encounter 0 0 0 0 0 0 0 0 0 | | | 97157 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy 97162 Encounter 0 0 S0 S0 S0 Physical Therapy 97163 Encounter 0 0 S0 S0 S0 Physical Therapy 97164 Encounter 0 0 S0 S0 S0 Occepational Therapy 97165 Encounter 0 0 S0 S0 S0 Occepational Therapy 97166 15 Minutes 0 0 S0 S0 S0 Occepational Therapy 97168 15 Minutes 0 0 S0 S0 S0 Occepational Therapy 97168 15 Minutes 0 0 S0 S0 S0 Occepational or Physical Therapy 97530 15 Minutes 0 0 S0 S0 S0 Occepational or Physical Therapy 97535 15 Minutes 0 0 S0 | | | 97158 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Physical Therapy | Physical Therapy | | 97162 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97165 Encounter 0 0 SO SO SO Occupational Therapy 97166 15 Minutes 0 0 50 SO SO Occupational Therapy 97167 15 Minutes 0 0 SO SO SO Occupational Therapy 97168 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97530 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97533 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97537 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97537 15 Minutes 0 0 SO | Physical Therapy | | 97163 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97166 15 Minutes 0 0 SO SO SO Occupational Therapy 97167 15 Minutes 0 0 SO SO SO Occupational Therapy 97168 15 Minutes 0 0 SO SO SO Occupational Or Physical Therapy 97530 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97533 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97537 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97537 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97537 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97540 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97763 30 Minutes | Physical Therapy | | 97164 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97167 15 Minutes 0 0 \$0 | Occupational Therapy | | 97165 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97168 15 Minutes 0 0 \$0 | Occupational Therapy | | 97166 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97530 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97533 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97535 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97537 15 Minutes 0 0 SO SO SO Occupational or Physical Therapy 97542 15 Minutes 0 0 SO SO SO SO Occupational or Physical Therapy 97750 15 Minutes 0 0 SO | Occupational Therapy | | 97167 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97533 15 Minutes 0 0 \$0 </td <td>Occupational Therapy</td> <td></td> <td>97168</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational Therapy | | 97168 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97535 15 Minutes 0 0 S0 S0 S0 Occupational or Physical Therapy 97537 15 Minutes 0 0 S0 S0 S0 Occupational or Physical Therapy 97542 15 Minutes 0 0 S0 S0 S0 Occupational or Physical Therapy 97750 15 Minutes 0 0 S0 S0 S0 Occupational Therapy 97755 15 Minutes 0 0 S0 S0 S0 Occupational or Physical Therapy 97760 15 Minutes 0 0 S0 S0 S0 Occupational or Physical Therapy 97763 30 Minutes 0 0 S0 S0 S0 Assessment or Health Services 97802 Encounter 0 0 S0 S0 S0 Assessment or Health Services 97803 Encounter 0 0 S0 S0 S0 Bubstance Use Disorder: Acupuncture 97810 Encou | Occupational or Physical Therapy | | 97530 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97537 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97533</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97533 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97542 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97535</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97535 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | Occupational or Physical Therapy | | 97537 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy 97755 15 Minutes 0 0 \$0 | Occupational or Physical Therapy | | 97542 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97760 15 Minutes 0 0 \$0 </td <td>Occupational or Physical Therapy</td> <td></td> <td>97750</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational or Physical Therapy | | 97750 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy 97763 30 Minutes 0 0 \$0 </td <td>Occupational Therapy</td> <td></td> <td>97755</td> <td></td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Occupational Therapy | | 97755 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97802 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Occupational or Physical Therapy | | 97760 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment or Health Services 97803 Encounter 0 0 \$0 | Occupational or Physical Therapy | | 97763 | | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services 97804 Encounter 0 0 \$0 | Assessment or Health Services | | 97802 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97810 Encounter 0 0 \$0 | Assessment or Health Services | | 97803 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Acupuncture 97811 Encounter 0 0 \$0 | Health Services | | 97804 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99201 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Substance Use Disorder: Acupuncture | | 97810 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: New Patient Evaluation and 99201 HF Encounter 0 0 80 \$0 \$0 \$0 Management | Substance Use Disorder: Acupuncture | | 97811 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| <u>Management</u> | New Patient Evaluation and Management | | 99201 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | | | 99201 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| New Patient Evaluation and Management 99202 Encounter 0 0 50 50 50 | New Patient Evaluation and Management | | 99202 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Part | Woodlands | | | | Unit | | | | | | |
|--|---|--------------|------------|----------|---------------|-------|-------|----------|-----------|-----------|-----------|
| Name of Name o | Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| New Parker Polaster New Patent Evolution and Management 99205 HF Encounter 0 0 9 9 9 9 9 9 9 9 | Substance Use Disorder: New Patient Evaluation and Management | | 99202 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Non-plent Non-plent Non-plent (| New Patient Evaluation and Management | | 99203 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance for Browler's New Planter Evolution and Management 9938 File Recounter 0 0 0 50 50 50 50 50 | Substance Use Disorder: New Patient Evaluation and Management | | 99203 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Part P | New Patient Evaluation and Management | | 99204 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Solithenter New Persons Evaluation and Management Established Platent Fechanism and Management Statishing Platent Fechanism and Management Management Statishing Platent Fechanism and Management Management Statishing Platent Fechanism and Mana | Substance Use Disorder: New Patient Evaluation and Management | | 99204 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management | New Patient Evaluation and Management | | 99205 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Selection of the Disorder: Established Patient Evaluation and Management 9212 | Substance Use Disorder: New Patient Evaluation and Management | | 99205 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Substance Police Foundation and Management 9212 | Established Patient Evaluation and Management | | 99211 | | Encounter | 1 | 1 | \$174 | \$174 | \$174 | 1 |
| Substance Un Disorder Established Patient Evaluation and Management 9212 HF Encounter 1 | Substance Use Disorder: Established Patient Evaluation and Management | | 99211 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Platient Evaluation and Management 99213 | Established Patient Evaluation and Management | | 99212 | | Encounter | 5 | 5 | \$891 | \$178 | \$178 | 1 |
| Sistablished Patient Evaluation and Management 99213 | Substance Use Disorder: Established Patient Evaluation and Management | | 99212 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Established Patient Evaluation and Management 9214 HF 30 Minutes 0 0 0 80 80 80 80 80 | Established Patient Evaluation and Management | | 99213 | | Encounter | 41 | 83 | \$14,792 | \$361 | \$178 | 2 |
| Substance Use Disorder: Established Patient Evaluation and Management 99214 HF 30 Minutes 0 0 0 30 50 50 50 50 50 50 50 50 50 50 50 50 50 | Sustance Abuse: Established Patient Evaluation and Management | | 99213 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Stabished Patient Evaluation and Management 9915 50 Minutes 0 0 50 50 50 50 50 50 | Established Patient Evaluation and Management | | 99214 | | Encounter | 1 | 1 | \$234 | \$234 | \$234 | 1 |
| Substance Use Disorder: Established Patient Evaluation and 99215 HF 70 Minutes 0 0 0 80 80 80 80 80 | Substance Use Disorder: Established Patient Evaluation and Management | | 99214 | HF | 30 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Management Additional Codes-Physician Services 99221 15 Minutes 3 3 3507 \$102 \$102 Additional Codes-Physician Services 99222 25 minutes 0 0 \$0 <td>Established Patient Evaluation and Management</td> <td></td> <td>99215</td> <td></td> <td>50 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td> | Established Patient Evaluation and Management | | 99215 | | 50 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99223 25 minutes 0 0 0 80 80 80 80 80 80 80 80 80 80 80 | Substance Use Disorder: Established Patient Evaluation and Management | | 99215 | HF | 70 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 9923 35 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99221 | | 15 Minutes | 3 | 3 | \$307 | \$102 | \$102 | 1 |
| Additional Codes-Physician Services 99224 15 Minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99222 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99225 25 minutes 0 0 0 50 50 50 50 50 50 50 50 50 50 50 | Additional Codes-Physician Services | | 99223 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 <=30 Minutes 3 10 \$1,022 \$341 \$102 \$102 \$102 \$102 \$102 \$102 \$102 \$10 | Additional Codes-Physician Services | | 99224 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99231 <= 30 Minutes 3 10 \$1,022 \$341 \$102 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 | Additional Codes-Physician Services | | 99225 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99232 > 30 Minutes 1 4 \$409 \$409 \$102 \$102 \$404 \$404 \$404 \$404 \$404 \$404 \$404 \$4 | Additional Codes-Physician Services | | 99226 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Physician Services 99233 15 Minutes 2 2 2 \$20 \$102 \$102 \$102 \$102 \$102 \$102 | Additional Codes-Physician Services | | 99231 | | <= 30 Minutes | 3 | 10 | \$1,022 | \$341 | \$102 | 3 |
| Additional Codes-Physician Services 99238 30 Minutes 1 1 1 \$102 \$102 \$102 \$102 \$Additional Codes-Physician Services 99239 40 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99232 | | > 30 Minutes | 1 | 4 | \$409 | \$409 | \$102 | 4 |
| Additional Codes-Physician Services 99239 40 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | Additional Codes-Physician Services | | 99233 | | 15 Minutes | 2 | 2 | \$204 | \$102 | \$102 | 1 |
| Substance Use Disorder: Physician Consultations 99241 HF 60 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99238 | | 30 Minutes | 1 | 1 | \$102 | \$102 | \$102 | 1 |
| Substance Use Disorder: Physician Consultations 99242 HF 80 Minutes 0 0 \$0 | Additional Codes-Physician Services | | 99239 | | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99243 HF 20 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99241 | HF | 60 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99244 HF 40 Minutes 0 0 \$0 | Substance Use Disorder: Physician Consultations | | 99242 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99245 HF 55 Minutes 0 0 0 \$0 \$0 \$0 Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99243 | HF | 20 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99251 HF 80 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99244 | HF | 40 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99245 | HF | 55 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations 99252 HF 110 Minutes 0 0 \$0 \$0 \$0 | Substance Use Disorder: Physician Consultations | | 99251 | HF | 80 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| | Substance Use Disorder: Physician Consultations | | 99252 | HF | 110 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Woodlands | | | | Unit | | | | | | |
|---|--------------|------------|----------|-----------------------------|-------|-------|------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Substance Use Disorder: Physician Consultations | | 99253 | HF | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99254 | HF | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Physician Consultations | | 99255 | HF | 45 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99304 | | 10 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99305 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99306 | | 25 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99307 | | 35 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99308 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99309 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Nursing Facility Services evaluation and management | | 99310 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99324 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99325 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99326 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99327 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99328 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99334 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99335 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99336 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99337 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99341 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99342 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99343 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99344 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99345 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99347 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99348 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99349 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | 99350 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Administration | | 99506 | | Per mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Medication Management | | 99605 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0080 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0090 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0100 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0100 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0110 | | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | A0110 | HF | Per one-way trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0120 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0130 | | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0140 | | Refer to code descriptions. | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | A0170 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Additional Codes-Transportation | | A0425 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

SUB-ELEMENT COST REPORT: Fiscal Year 2019

| Woodlands | | | | Unit | | | | | | |
|--|---------------------------------------|------------|----------|--------------------------------------|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Additional Codes-Transportation | | A0427 | | Encounter Session at least 45 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | E1399 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training/Support EBP only | | G0177 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | G0409 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational Therapy | | G0515 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Individual Assessment | | H0001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0002 | | Encounter | 22 | 22 | \$7,110 | \$323 | \$323 | 1 |
| Substance Use Disorder: Laboratory | | H0003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0004 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0005 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Case Management | | H0006 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0010 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0012 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Sub-Acute Detoxification | 1002 | H0014 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0906 | H0015 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Residential Services | | H0018 | | Encounter | 6 | 28 | \$18,250 | \$3,042 | \$652 | 5 |
| Substance Use Disorder: Residential | 1002 | H0018 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential | 1002 | H0019 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Methadone | | H0020 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Early Intervention | | H0022 | | Face to Face Contact | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0023 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | H0023 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | H0025 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | H0031 | | Encounter | 105 | 110 | \$43,083 | \$410 | \$392 | 1 |
| Assessment for Autism | | H0031 | U5 | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Support Intensity Scale (SIS) Face-to-Face Assessment | | H0031 | HW | Direct Observation Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Treatment Planning | | H0032 | | 15 Minutes | 103 | 115 | \$21,019 | \$204 | \$183 | 1 |
| Monitoring of Treatment - Clinician | | H0032 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Pharmalogical Support - Suboxane | | H0033 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | H0034 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H0036 | | 15 Minutes | 26 | 1,597 | \$168,695 | \$6,488 | \$106 | 61 |
| Home Based Services | | H0036 | ST | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0038 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | - | H0038 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | - | H0038 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | - | NA | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assertive Community Treatment (ACT) | | H0039 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Woodlands | | | | Unit | | | | | | |
|---|---------------------------------------|------------|----------|-------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Community Living Supports in Independent living/own home | | H0043 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TT | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TF/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports in Independent living/own home | | H0043 | TG/TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | H0045 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Peer Directed and Operated Support Services | | H0046 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Laboratory | | H0048 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Treatment | 0900, 0906, 0914, 0915, 0916, 0919 | H0050 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review | | H2000 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Treatment Plan Review - Monitoring Activities | | H2000 | TS | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Comprehensive Medication Services - EBP only | | H2010 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | | 15 Minutes | 9 | 151 | \$25,542 | \$2,838 | \$169 | 17 |
| Crisis Intervention | | H2011 | НВ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | HC | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Crisis Intervention, per 15 minutes | | H2011 | HF | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Crisis Intervention | | H2011 | TJ | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Skill-Building and Out of Home Non Vocational Habilitation | | H2014 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Non Vocational Habilitation | | H2014 | HK | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (15 Minutes) | | H2015 | | 15 Minutes | 3 | 547 | \$3,028 | \$1,009 | \$6 | 182 |
| Community Living Supports (15 Minutes) | | H2015 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Community Living Supports (Daily) | | H2016 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Behavior Services | | H2019 | | Days | 3 | 206 | \$10,371 | \$3,457 | \$50 | 69 |
| Behavior Services | | H2019 | TT | Days | 3 | 455 | \$22,906 | \$7,635 | \$50 | 152 |
| Wraparound | | H2021 | | 15 minutes | 2 | 8 | \$2,739 | \$1,369 | \$342 | 4 |
| Wraparound (SED Waiver) | | H2022 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound (SED Waiver) | | H2022 | TT | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supported Employment Services | | H2023 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Mental Health Therapy | | H2027 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0914, 0915, 0916, 0919 | H2027 | HF | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Clubhouse Psychosocial Rehabilitation Programs | | H2030 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Home Based Services | | H2033 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Housing | | H2034 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2035 | HF | Per Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Outpatient Care | 0900, 0906, 0914, 0915, 0916, 0919 | H2036 | HF | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Telemedicine Facility Fee | | Q3014 | GT | Per Mile | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | S0209 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |

Children with Serious Emotional Disturbance

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| Woodlands | | | | Unit | | | | | | |
|---|--------------|------------|----------|--------------|-------|-------|----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Transportation | | S0215 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | S0215 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training - EBP | | S5110 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | | Encounter | 3 | 8 | \$1,407 | \$469 | \$176 | 3 |
| Family Training | | S5111 | HA | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Training | | S5111 | НМ | Days | 3 | 11 | \$2,636 | \$879 | \$240 | 4 |
| Foster Care | | S5140 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Foster Care | | S5145 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5150 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite | | S5151 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5160 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Emergency Response System (PERS) | | S5161 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Environmental Modification | | S5165 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | S5199 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Occupational or Physical Therapy | | S8990 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9445 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9446 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | S9470 | | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | S9482 | | Days | 1 | 58 | \$5,256 | \$5,256 | \$91 | 58 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | | Days | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Intensive Crisis Stabilization-Enrolled Program | | S9484 | TJ | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Residential Room and Board | | S9976 | | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Residential Room and Board | | S9976 | HF | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TD | Up to 15 min | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Private Duty Nursing | | T1000 | TE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessment | | T1001 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Health Services | | T1002 | | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TD | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T1005 | TE | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care (Children's Waiver & SED Waiver) | | T1005 | TT | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Treatment Planning | | T1007 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Child Sitting Services | | T1009 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Recovery Support Services | | T1012 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Family Psycho-Education - EBP | | T1015 | | 15 minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Supports Coordination/Wrap Facilitation | | T1016 | | Days | 1 | 15 | \$1,571 | \$1,571 | \$105 | 15 |
| Targeted Case Management | | T1017 | | Encounter | 33 | 349 | \$36,545 | \$1,107 | \$105 | 11 |
| Nursing Home Mental Health Monitoring | | T1017 | SE | 15 Minutes | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Personal Care in Licensed Specialized Residential Setting | | T1020 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Assessments | | T1023 | | Encounter | 20 | 23 | \$15,655 | \$783 | \$681 | 1 |

Children with Serious Emotional Disturbance

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| Woodlands | | | | Unit | | | | | | |
|--|--------------|------------|----------|--|-------|-------|-----------|-----------|-----------|-----------|
| Service Category | Revenue Code | HCPCS Code | Modifier | Measure | Cases | Units | Cost | Cost/Case | Cost/Unit | Unit/Case |
| Prevention Services - Direct Model | | T1027 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Supplies or Pharmacy | | T1999 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2001 | | Per Diem | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2001 | HF | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2002 | | Encounter / Trip | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2002 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2003 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2003 | HF | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2004 | | Encounter | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2004 | HF | Hour | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Transportation | | T2005 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Substance Use Disorder: Transportation | | T2005 | HF | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Out of Home Prevocational Service | | T2015 | | Month | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Prevention Services - Direct Model | | T2024 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Fiscal Intermediary Services | | T2025 | | Per session. One night = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2028 | | Per session. One day/partial day = one session | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2029 | | Service | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2036 | | Items | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Respite Care | | T2037 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Housing Assistance | | T2038 | | Per Item | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Enhanced Medical Equipment-Supplies | | T2039 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Goods and Services | | T5999 | HK | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Wraparound Services | | T5999 | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Pharmacy (Drugs and Other Biologicals) | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Other | | | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Aggregate for 'J' Codes | | ALL | | | 0 | 0 | \$0 | \$0 | \$0 | 0 |
| Total Population and Cost | | | | | 197 | | \$538,054 | | | |